

Telephone Information & Communication Release

Call preference:

Home  Work  Cell

Is there a location we should not call?

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I hereby give permission to Bailey Foot & Ankle Specialists, PC to notify me by telephone of the following:

Appointment reminder, either by personal/recorded message

A message to call the office for test results (actual result will not be left)

List any individuals who you authorize to receive the above information on your behalf:

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Name	Telephone #	Relationship
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Name	Telephone #	Relationship
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I authorize Bailey Foot & Ankle Specialists, PC to disclose my medical information pertaining to my diagnosis and/or treatment, lab results, medical history, or any other such related information to those listed below:

Same as above OR

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Name	Telephone #	Relationship
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Name	Telephone #	Relationship
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The duration of this authorization is indefinite unless otherwise revoked in writing.

\_\_\_\_\_

Signature

Date