The PODIATRY Center
Affiliate of WEIL FOOT & ANKLE — USA

Dr. Paul Ross DPM

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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Patient Name: _____ Date of Birth / /

Address: _____

City: _____ State: Zip: Phone: ( ) -

I AUTHORIZE THE PODIATRY CENTER TO RELEASE TO:

Name: _____

Relationship to Patient: _____

Address: _____

City: _____ State: Zip: _____

THE FOLLOWING INFORMATION FROM THE ABOVE NAMED PATIENT'S RECORDS:

Please check the appropriate box(es):

- ☐ Entire Medical Record, excluding X-rays
- ☐ Entire Medical Record, including X-rays*
- ☐ X-rays only (*Our office uses filmless digital imaging)
- ☐ Laboratory Reports
- ☐ Other: _____
- ☐ Operative Reports
- ☐ MRI Films & Report
- ☐ Doctor's Notes

Approximate date(s) of treatment: _____

Purpose/Need: _____

I would like to arrange for the transfer of records to made by:

- ☐ Pick up records from The Podiatry Center's **Virginia** office or **Maryland** office (please circle one)
- ☐ Email to the following address: _____
- ☐ FedEx to the delivery address below (shipping & handling fee will apply—upon request, the charge can be directed to your Airborne / FedEx account): _____

Recipient's phone number: ( ) -

Delivery Address:

Address: _____

City: _____ State: Zip: _____

Signature (Patient or Legal Guardian): _____ **Date:** / /

NOTICE TO PATIENT

I understand that this consent is valid for 90 days from the date of signature. I understand that I may revoke this consent at any time by giving written notice to The Podiatry Center's physician of my choice except to the extent that The Podiatry Center has already acted in reliance on this contract. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by law. This authorization will automatically expire when the information requested has been released if I have given no prior notice as stated above. I understand I have the right to review and obtain the information to be disclosed.

We require a minimum of five business days after receipt of signed release to process request.