

Adler Podiatry Clinic, PLLC  
3636 University Blvd S Bldg C  
Jacksonville, FL 32216

### Consent for Medical Information Release

There are times we are asked to give family members or others information on test results, especially if you will not be available to receive them. If you would like for us to give out information regarding your treatment and/or test results to your family or friends, please fill in their name and their relationship to you. **Please designate which type of information each person may receive** by checking the items we may release and any items we should not disclose. Make your own notes if necessary for clarification.

**All Information:** Any and All information we have in our file related to you which may include billing information, appointments, treatment, test results, etc.

**Appointment Only:** Only information related to appointment dates and time.

**Testing/Lab Results:** Only information related to the results of any testing or labs completed by our office.

**Billing Inquires:** Only information related to the billing of claims, payments, and/or balances on your account with our office.

<b>Relationship</b>	<u>Full name of person allowed to receive information</u>	<u>Type of information which may be release to the person</u>
Husband	_____	<input type="checkbox"/> All Information
Wife	_____	<input type="checkbox"/> Appointment Information
Mother	_____	<input type="checkbox"/> Test Results / Lab Results
Father	_____	<input type="checkbox"/> Billing and Insurance
_____	_____	<input type="checkbox"/> Additional Information

### NO INFORMATION MAY BE RELEASED

(Please circle if no information should be released)

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Print Patient Name Patient Signature Date