



Foot & Ankle Clinic
4520 42nd Ave. SW, Suite 34
Seattle, WA 98116

Authorization to Disclose Medical Records

This authorization must be written, dated, and signed by the patient or by a person authorized by law to give authorization.

I authorize WEST SEATTLE FOOT AND ANKLE CLINIC to release a copy of the medical information for
(name of patient) to
(name and address of recipient).

The information will be used on my behalf for the following purpose(s):

By initialing the spaces below, I specifically authorize the release of the following medical records*, if such records exist:

- All hospital records (including nursing records and progress notes)
Transcribed hospital reports
Medical records needed for continuity of care
Most recent five year history
Emergency and urgent care records
Diagnostic imaging reports
Clinician office chart notes
Dental records
Laboratory reports
Pathology reports
Billing statements

Other:

Please send the entire medical record (all information) to the above named recipient. The recipient understands this record may be voluminous and agrees to pay all reasonable charges associated with providing this record.

*The following items must be initialed to be included in other documents:

- HIV/AIDS related records
Mental health information
Genetic testing information
Drug/alcohol diagnosis, treatment or referral information. Per federal regulations, describe how much and what kind of information is to be disclosed:

This authorization is limited to records regarding the following treatment:

This authorization is limited to records from the following time period:

This authorization is limited to a worker's compensation claim for injuries of (date).

This authorization may be revoked at any time. The only exception is when action has been taken in reliance on the authorization. Unless revoked earlier, this consent will expire 90 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

Date

Signature of Patient

Date

Signature of person authorized by law