PATIENT COMMUNICATION AUTHORIZATION

It is the policy of Midtown Foot Clinic, P.C. & Midtown Surgical Center, LLC not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, cell phone, and/or pager. Whenever initiating or returning telephone calls and an answering machine picks up, we do not leave a message if the name and/or telephone number is not on the recorded message to identify the residence. Information will not be left with an unauthorized person who may answer the phone.

I authorize Midtown Foot Clinic, P.C. & Midtown Surgical Center, LLC to leave medical information pertaining to my care by the following methods and will assume responsibility to notify Midtown Foot Clinic, P.C. & Midtown Surgical Center, LLC whenever this information changes:

_____Yes _____No Home telephone number: ______________________________

_____Yes _____No Cell phone number: ______________________________

_____Yes _____No Work telephone number: ______________________________

_____Yes _____No Answering machine

_____Yes _____No Voice mail

Please list names of authorized people who we may leave message with:

_____Yes _____No Spouse/Fiancé: ____

_____Yes _____No Parent(s): ____

_____Yes _____No Brother/Sister: ____

_____Yes _____No Son/Daughter: ____

_____Yes _____No Other: ____

____ ________________________

Name of Patient Date of Birth

X____ ________________________

Signature of Patient or Authorized Person **Date**

I authorize Midtown Foot Clinic, P.C. & Midtown Surgical Center, LLC to communicate with me via electronic newsletters, by e-mail, or by telephone about any activites, new services, or new products provided by Midtown Foot Clinic, P.C. & Midtown Surgical Center, LLC.

X____ ________________________

Signature of Patient or Authorized Person **Date**

This authorization may be amended or revoked by you at any time. Revocation or amendments may be accomplished by advising us in writing of your desire to change or withdraw your authorization. Please allow us sufficient time to process your request.