



# COMPREHENSIVE FOOT & ANKLE CARE

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## CONSENT TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

Your protected health information (PHI) will be used by Comprehensive Foot & Ankle Care or disclosed to others for the purposes of treatment, obtaining payment, supporting the day-to-day health operations of this practice and for other purposes required by law.

We are providing you with a copy of our Notice of Privacy Practice. This notice describes your rights and how we may use your PHI. We request that you review the notice prior to signing the consent.

You may request a restriction on the use or disclosure of your protected health information. Please list the person or entity you would like for us to restrict your health information:

*If we agree to your request, your restrictions will be binding. Use and disclosure of protected information in violation of an agreed upon restriction will be a violation of federal privacy standards.*

With written consent, you may also allow family members or signification others to have access to your protected health information: I DIRECT MY HEALTH CARE PROVIDERS TO DISCLOSE AND RELEASE MY PROTECTED HEALTH INFORMATION DESCRIBED BELOW TO:

NAME:	RELATIONSHIP:

*Health information to be disclosed upon the request of the person named above includes disclosures of my complete health record (including but not limited to diagnoses, lab tests, prognosis, treatment, prescription pick-ups and billing, for all conditions. If I have exceptions to the information I would like disclosed, I will list them here:*

Comprehensive Foot and Ankle Care reserves the right to modify the privacy practices outlined in the notice. You may obtain a copy of our Notice of Privacy Practices, including any revisions, by contacting the office or viewing on our website:

[www.McNamaraFootCare.com](http://www.McNamaraFootCare.com)

I further understand I have the right to revoke or change this authorization at any time by giving written notice to: Comprehensive Foot & Ankle Care, 14290 Metropolis Ave. Suite 1, Fort Myers, FL 33912.

I have reviewed this consent form and the Notice of Privacy Practices. I give my permission to Comprehensive Foot & Ankle Care to use and disclose my protected health information as outlined in the Notice of Privacy Practices and, if applicable, to those names listed in the consent above.

\_\_\_\_\_  
Patient's Printed Name:

\_\_\_\_\_  
Patient's Signature:

\_\_\_\_\_  
Patient's Representative Name: (if applicable)

\_\_\_\_\_  
Date: