

HIPAA POLICY

Foot and Ankle Solutions, PLLC

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According to the Texas State Law and per HIPAA policy, our practice is not allowed to release any of your information without your permission. Please list any individuals that you are giving permission to speak with about your care with our office or to pick up prescriptions for you.

Name: _____ D.O.B.: __/__/__

Phone: _____ Relationship: _____

Name: _____ D.O.B.: __/__/__

Phone: _____ Relationship: _____

CHECK ALL THAT APPLY

Home Phone

Okay to leave a message with detailed information

Leave message with call back number only

Cellular Phone

Okay to leave a message with detailed information

Leave message with call back number only

Patient Name

_____ Date _____

Patient/Guardian Signature