

EVERGREEN FOOT & ANKLE
Dr. Tina P. Huynh, DPM, AACFAS
6928 B little River Turnpike
Annandale, VA 22003
Phone 703-462-9339 Fax 571-565-3144

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient's Name: _____

Date of Birth: _____

Social Security #: _____

I request and authorize Evergreen Foot And Ankle to release health care information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

There is a \$20.00 administrative fee for records release

This request and authorization applies to:

1. All health care information: YES or NO
2. Health care information relating to the following treatment, condition, or dates: _____
3. Other:

Patient Signature: _____ Date Signed: _____

Please allow 15 business days for medical records to be processed
THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED