

# Gig Harbor Foot and Ankle Clinic

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## *Medical Information Release Form HIPPA Release Form*

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Date of Birth

I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. This information may be released to:

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Relationship

\_\_\_\_\_ DO NOT RELEASE INFORMATION TO ANYONE  
Please Initial

The Release of Information will remain in effect until terminated by the patient in writing.

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### *Messages*

Please call:    \_\_\_ Home    \_\_\_ Work    \_\_\_ Cell Phone Number: \_\_\_\_\_

If unable to reach me:

\_\_\_ Leave a detailed message

\_\_\_ Leave a message asking me to return your call

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date