



Petoskey Family Foot Care

Petoskey Office

1414 Kilborn
Petoskey, MI 49770
(231) 347-511

Cheboygan Office

123 North Main
Cheboygan, MI 49721
(231) 627-2620

Authorization to release PHI

to / from Petoskey Family foot Care
(circle one)

Patient Name: _____

Date of Birth: _____ SS# _____

Request Date: _____

I, _____, hereby request and consent to the
release and disclosure of my personal health information (PHI) from / to:
(circle one)

Facility/Doctor: _____

Address: _____

City: _____ State: _____ Zip: _____

Please include: Entire medical record
 Partial records, from _____ to _____
 Xray Reports
 CD with Digital Xrays

Please send this PHI via fax to: 231-347-5115
 Or mail to: Petoskey Family Foot Care
 1414 Kilborn St.
 Petoskey Mi 49770

 | Via fax to Other facility/doctor: _____
 | Via mail to address indicated above

Patient's Signature

Date