



5111 Juan Tabo Blvd NE Albuquerque, NM 87111
(505) 271-9900 FAX (505) 271-0217

Date ____/____/____

- I have read and understand Foot and Ankle Specialist of New Mexico's Notice of Privacy Practice's and declined a copy
- I have read and understand Foot and Ankle Specialist of New Mexico's Notice of Privacy Practice's and received a copy for my records
- I understand that my medical treatment information and my billing information will not be discussed with anyone other than my health plan , a physician that is involved with my coordination of care , a legal guardian, or a person or entity listed on signed authorization form.

Patients Name _____

Signature _____

Name (if not patient signature) _____ Relationship _____

If you want any type of Medical or Billing information released to someone other than yourself please ask for an authorization form.