



**Princeton Foot & Ankle Associates, PC**  
Medical and Surgical Treatment of the Foot and Ankle

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**Princeton Foot and Ankle Associates, P.C.**

**HIPAA**

I hereby give permission to Princeton Foot and Ankle Associates to leave test results, billing issues, etc. on my answering machine and/or with a family member.

\_\_\_\_\_ YES \_\_\_\_\_ NO  
Please Initial

\*Please indicate which of your phone numbers is appropriate to leave a message:

**Home:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Work:** \_\_\_\_\_

\*Please indicate which family member:

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

I hereby give permission to the following (family member, doctors, etc.) to receive any and/or all medical information.

\_\_\_\_\_ YES \_\_\_\_\_ NO  
Please Initial

Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
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Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____

Name (sign): \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_