1703 Polaris Circle Ottawa, IL 61350

CROWHURST FOOTCARE

815 434 1900 CrowhurstFootcare.com

PRIVACY PRACTICE ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name: _____ **Date:** _____

Signature: _____

Release of Information

I hereby authorize Dr. Jeffrey Crowhurst & Dr. Brittany Jones to release information regarding my protected health information to the following persons, physicians and/or agencies. I also understand that if there is a change in the information below, I must notify their office in writing. This authorization may be revoked at any time with my written permission.

Please list below persons (such as family members) that we have permission to share your medical information with:

Name/Agency	Relationship/Phone #'s
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____