

**EDISON FOOT AND ANKLE CARE  
1037 AMBOY AVENUE  
EDISON, NEW JERSEY 08837  
TELEPHONE: 732-494-5601**

**Dr. ANTHONY R. SERGI   DR. ANTHONY N. ACELLO   DR. KEVIN YEE**

**HIPAA RELEASE FORM**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Release of Information**

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information.

This information may be released to the following:

**Please print name(s) below.**

Spouse \_\_\_\_\_

Child(ren) \_\_\_\_\_

Other \_\_\_\_\_

( ) Information is not to be released to anyone.

This release of information will remain in effect until terminated by me in writing.

**MESSAGES**

**Please call:**

( ) My home

( ) My work

( ) My cell number: \_\_\_\_\_

**If unable to reach me:**

( ) you may leave a detailed message.

( ) please leave a message asking me to return your call.

( ) do not leave a message.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**