



# Petoskey Family Foot Care

Petoskey, Cheboygan, and St. Ignace

## Petoskey Office

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

## Cheboygan Office

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

## St. Ignace Office

220 Burdette Avenue  
St. Ignace, MI 49781  
(231) 347-5111

### 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