



Cho Foot and Ankle Specialists
1232 Perimeter Parkway Suite 102
Virginia Beach, VA 23454
(757)427-7447 Fax: (757) 301-7145

I, _____, authorize Cho Foot and Ankle Specialists to release and or disclose my protected health information to the following individual and or organization(s): _____

I understand that I may revoke this authorization at any time by giving written notice to Cho Foot and Ankle Specialists. I also understand that I may not revoke this authorization for any actions taken before receipt of my written notice to revoke this authorization.

I understand that, by signing this form, I am confirming my authorization for use and disclosure of the protected health information described in this form with the people and or organization named on this form.

Printed Name: _____ (Name of Responsible party if minor).

Signature: _____ Date: _____