



NORTHWEST FOOT AND ANKLE INSTITUTE PLLC  
2075 BARKLEY BLVD, SUITE 220  
BELLINGHAM WA 98226  
PHONE: (360) 933 – 4813  
FAX: (360) 933 – 4526

## **COMMUNICATION CONSENT FORM**

### **Medical Providers**

Please forward my New Patient Evaluation and subsequent office visit notes to the following medical provider(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Friends and Family**

I request the following people are permitted to talk with the staff of Northwest Foot and Ankle Institute regarding scheduling, treatment, and/or after-care advice given to me during the course of my care at this clinic. *I am not* granting permission to access my medical/health records. I acknowledge this consent is continuous, until revoked by me.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Electronic Communication (via Patient Portal)**

We offer secure electronic communications between you and our office via Athena Health Patient Portal. Secure messages and information can only be read by someone who knows the right password to login to the portal site. The communications are secure and for those who want to participate, this can be a valuable and convenient tool to provide administrative and clinical information.

**Please check:**

(  ) Yes, I want to participate. E-mail: \_\_\_\_\_

(  ) No, I do not wish to participate at this time.

***Please sign below for all 3 consents:***

**Patient Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_