



**P.H.I. Release**  
Kevin Doulens, M.D.  
Michael Patney, D.O.

I, \_\_\_\_\_, a patient of *First Coast Orthopedics*, authorize access to my PHI (Protected Health Information) to the following individuals:

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

I have reviewed the *First Coast Orthopedics* privacy policy and revoke my right to privacy in that the above named persons may make appointments for me, have access to my medical information, discuss my medical care, and receive or give medical information for me and about me via telephone or in person.

This release applies to my complete PHI, except:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_