



AUTHORIZATION FOR
RELEASE OF MEDICAL INFORMATION TO OTHER PERSONS

David A. Yates & Associates, Inc. dba Jonesboro Prosthetic & Orthotic Laboratory (JP&O)
Jonesboro Prosthetic & Orthotic Laboratory, 2811 Longview Dr., Jonesboro, AR 72401, 870-932-6436
Jonesboro Prosthetic & Orthotic Laboratory, 820 Professional Acres Dr., Jonesboro, AR 72401, 870-932-6436
JP&O Prosthetic & Orthotic Laboratory, 14 Medical Plaza, Mountain Home, AR 72653, 870-425-3252
JP&O Prosthetic & Orthotic Laboratory, 1014 N. Spring St., Harrison, AR 72601, 870-743-4440
JP&O Prosthetic & Orthotic Laboratory, 1432 Harrison St., Batesville, AR 72501, 870-698-0991

Patient Name: _____

Acct. Number: _____

This form will authorize David A Yates & Associates, Inc. d/b/a Jonesboro Prosthetic & Orthotic Laboratory (JP&O) to release information to those who are listed below. We will not discuss or release any protected health information to anyone other than your insurance provider and others who are involved in your treatment or reimbursement unless the individual is listed on this document.

I, _____, authorize David A Yates & Associates, Inc. d/b/a Jonesboro Prosthetic & Orthotic Laboratory (JP&O) to speak to or leave a voice message for me or the following listed names on my answering machine or voice mail regarding treatment or reimbursement.

I hereby waive and release David A Yates & Associates, Inc. d/b/a Jonesboro Prosthetic & Orthotic Laboratory (JP&O) from any restrictions imposed by law in disclosing any professional records, observation or communication to:

(1) Name _____ Contact # _____

(2) Name _____ Contact # _____

(3) Name _____ Contact # _____

(4) Name _____ Contact # _____

Patient Signature _____

Date of Birth ____/____/____

Date of Signature ____/____/____