

The Spine Institute

Carmel Medical Pavilion, 13431 Old Meridian St., Ste 200, Carmel, In 46032
Phone (317) 573-7733 Fax (317) 573-7739

James W. Hardacker, M.D.

Amanda J. Hobson, PA-C

Medical Record Release To The Spine Institute

I hereby request and authorize Dr. _____, at

To release records to: The Spine Institute.

For the purpose of: medical record review for treatment.

The records of: Patients Name _____

Address _____ DOB: _____

Please release the following information: Chart notes, Diagnostic test results, Most current lab reports, operative notes, physical therapy, disability request forms, and insurance information.

I understand (1) I may revoke this authorization at any time, except to the extent that action has been taken based upon it, as described in the privacy notice. (2) That this authorization will expire in 60 days from the date signed, unless I specify otherwise. (3) That the recipient of these records may further disclose information because of this authorization and then it may no longer be protected by the Federal Privacy Regulations, and that we would not be responsible for this action, and (4) I am entitled to ask for a copy of this document.

Patient Signature _____ Date _____

Expiration _____
(If not at 60 days)