

13431 Old Meridian St. 2nd Floor, Suite 200 Carmel, IN 46032 (317) 573-7733

RECORDS TO BE RELEASED FROM:

The Spine Institute, 13431 Old Meridian Street, 2nd Floor Suite 200, Carmel, IN 46032

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For the purpose of:					
or at my request.					
The records of:					
Patients Name					
A 44	Last	First		Middle/Maiden	
Address	Street	City	State	Zip	
	Date of Birth		Social Security No	<u> </u>	
•			•		
lease release the following	information: 				
☐ TSI	provider notes		TSI X-ray reports		
☐ TSI	Special Diagnostic test results		Chemical/Alcohol Tr	eatment records	
	Lab Reports		ALL Medical Record	s	
TSI	Billing records	Oth	ner		
	mary information from records regarding	On or about	(date(s))		- 11
2. Other:					
HAS BEEN TAKEN BASE WILL EXPIRE IN 60 DAY I'HESE RECORDS MAY I NO LONGER BE PROTE	Y REVOKE THIS AUTHORIZATION OF THE PROPERTY OF THE PARTY OF THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PRIVACY OF THE PR	IE TSI PRIV ESS I SPECI ON BEÇAUS 7 REGULAT	ACY NOTICE. (2) T FY OTHERWISE. (E OF THIS AUTHOR IONS, AND THAT TS	HAT THIS AUTHOR B) THAT THE RECIP LIZATION AND THEN BI WOULD NOT BE I	IZATIO IENT (N IT MA
PATIENT SIGNATURE		_ DA	DATE		
		_	PIRATION		
Parent/Guardian/Legal Representative, if patient unable to sign Relationship)) (if 1	(if not at 60 days)		
nformation (PHI) for such resea	rch related treatment you have agreed to on the characteristics. For example, if the reason you will be to ess you first agree to release your PHI to the	eated is because	is authorization in order t you will participate in a	o use or disclose your pers research project, TSI would	sonal hea d not acc
ou into the research project unl					
2. TSI may also condition treatm	nent on the signing of this authorization if suc as your employer. For example, if your emplo an authorization permitting us to release the r	yer requires a f	itness for work examination	eating protected health info on and you agree to that, w	rmation e would

Indiana