CSPP COMPREHENSIVE SPINE & PAIN PHYSICIANS

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# Medical Records Request Form

By signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary of narrative of my protected health information, to the physician/person/facility/entity listed below.

**Patient Name** *(Please Print)*: _____ **Date of Birth**: _____

HIV/AIDS: I consent to the release of any positive or negative test result for AIDS or HIV infection, antibodies to AIDS, or infection with any other causative agent of AIDS with the rest of my medical records.
Initial: _____ Date: _____

**The information you may release subject to this signed release form is as follows:**

| | | | |
|---|---|---|---|
| ❑ Complete Records | ❑ History & Physical | ❑ Progress Notes | ❑ Care Plan |
| ❑ Lab Reports | ❑ Radiology Reports | ❑ Pathology Reports | ❑ Treatment Record |
| ❑ Operative Reports | ❑ Hospital Reports | ❑ Medication Record | ❑ Other (please specify below) |

_____

**Release my protected health information to the following physician/person/facility/entity:**

**Name:**

**Address:**

**City:** **State:** **Zip Code:**

**Email Address:** **Fax #:**

**The purpose/reason for this release of information is as follows:**

_____

In accordance with State law, a copy of patient medical records will be provided within 15 days of the office receiving a written request for the copies. The requesting patient will be allowed to view their records within 5 days of their request. Copies of the records will be provided within 15 days of the office's receiving the written request for the copies. There is a $15 fee for the clerical costs of fulfilling this request as well as a fee of $0.25 per page of the copies.

| | |
|---|---|
| _____ | _____ |
| Patient Name | Signature of Patient or Personal Representative |
| _____ | _____ |
| Patient Date of Birth or Social Security Number | Printed Name of Patient or Personal Representative |
| _____ | _____ |
| Date | Description of Personal Representative's Authority |