

Kenneth L. Renkens, M.D.

**Spinal Diagnostics & Therapeutics** 

Kevin E. Macadaeg, M.D.

Jonathan P. Gentile, M.D.

John W. Arbuckle, M.D.

Jose Vitto, M.D.

Robert Funk, M.D.

Chiropractic

Bradley M. Herold, D.C.

Shalini Barkat, D.C.

## Authorization to Obtain/Release Medical Records

| arvup   | (Patient Name)  | (Date of Birth)  |
|---|---|--|
|   | Address:  |  |
| Spine Surgery   | I hereby authorize the use and disclosure of individually identifiable health information relating to me as described below:  |  |
| Orthopaedic   | Specific description of information to be used or disclosed:  |  |
|   | Medical Records   | X-rays, lab result, etc.   |
| Rick C. Sasso, M.D.   | Correspondence  | Other:   |
| Thomas M. Reilly, M.D.<br>Paul E. Kraemer, M.D.<br>Justin W. Miller, M.D. | <ul> <li>Please select physician:</li> <li>Rick Sasso, M.D.</li> <li>Kenneth Renkens, M.D.</li> <li>Kevin Macadaeg, M.D.</li> <li>Jose Vitto, M.D.</li> <li>Joseph Smucker, M.D.</li> </ul> | <ul> <li>Johnathan Gentile, M.D.</li> <li>John Arbuckle, M.D.</li> <li>Paul Kraemer, M.D.</li> <li>Justin Miller, M.D.</li> <li>Robert Funk, M.D.</li> </ul> |
| Joseph D. Smucker, M.D.   | Tom Reilly, M.D.  |  |
| Neurosurgery  | I authorize the following person(s  | ) to use or disclose the above health information:   |

Person(s) receiving my authorization information include:

I understand that I may revoke this authorization at any time by notifying Indiana Spine Group in writing. If I choose to do so, my revocation will not affect any actions taken by Indiana Spine Group before receiving my revocation.

I understand that I may refuse to sign this authorization; and that my refusal to sign in no way affects my treatment, payment, enrollment in a health plan, or eligibility for benefits.

This authorization expires one year after signature date.

Patient Signature

Guardian Signature (if minor patient)

Relationship to Patient

13225 N. Meridian St. Carmel, IN 46032 Phone: (317) 228-7000 Fax: (317)228-2321

8040 Clearvista Dr., Ste. 450 Indianapolis, IN 46256 Phone: (317) 228-7000 Fax: (317)577-0619

821 North Dixon Rd. Kokomo, IN 46901 Phone: (765)450-0111 Fax: (765)553-5504

13914 Southeastern Pkwy. Ste. 201 Fishers, IN 46037 Phone: (317) 228-7000 Fax: (317) 715-4887

112 Hospital Lane Bldg #2, Ste 301 Danville IN 46122 Phone: (317) 228-7000 Fax: (317)228-2321

747 East County Line Rd. Ste. L Greenwood, IN 46143 Phone: (317) 893-1960 Fax: (317) 851-9728

## www.indianaspinegroup.com

**Office Locations** 

Date

Date