Indiana Spine Group

Authorization to Obtain/Release Medical Records

_____ _____
(Patient Name) (Date of Birth)

Address:_____

I hereby authorize the use and disclosure of individually identifiable health information relating to me as described below:

Specific description of information to be used or disclosed:

Medical Records X-rays, lab result, etc.
Correspondence Other:_____

Please select physician:

- ❑ Rick Sasso, M.D.
- ❑ Kenneth Renkens, M.D.
- ❑ Kevin Macadaeg, M.D.
- ❑ Jose Vitto, M.D.
- ❑ Joseph Smucker, M.D.
- ❑ Tom Reilly, M.D.
- ❑ Johnathan Gentile, M.D.
- ❑ John Arbuckle, M.D.
- ❑ Paul Kraemer, M.D.
- ❑ Justin Miller, M.D.
- ❑ Robert Funk, M.D.

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 Date

_____ _____
Guardian Signature (if minor patient) Date

_____
Relationship to Patient

Spine Surgery

Orthopaedic

Rick C. Sasso, M.D.
Thomas M. Reilly, M.D.
Paul E. Kraemer, M.D.
Justin W. Miller, M.D.
Joseph D. Smucker, M.D.

Neurosurgery

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.

Office Locations

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Carmel, IN 46032
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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