

# DENVER SPORTS MEDICINE AND SPINE, LLC

YANI C. ZINIS, DO

## Medical Record Release

This form is to be used by patients to request confidential communication of their protected health information (PHI). We are required by law to accommodate reasonable requests by individuals to receive communications of protected health information by alternative means or at alternative locations.

I \_\_\_\_\_, hereby authorize Denver Sports Medicine and Spine, LLC, to  release or  receive information  to  from: (check one)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

### Information pertaining to my care as requested below provided by Dr. Zinis only:

Office notes

Diagnostic Images (XRAY/MRI/CT reports)

Laboratory results

Other \_\_\_\_\_

### Intended use of records:

2<sup>nd</sup> opinion/continued care

personal

Patient Legal Printed Name \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature \_\_\_\_\_ Todays date: \_\_\_\_\_

- This request is valid for 1 year from date of signature unless otherwise noted.
- There is a fee for copied records for personal use. An invoice will be included
- Please allow 7-10 business days for processing.

Electronic Signature Agreement. By typing your name on this form and selecting the "submit" button, you are signing this agreement electronically. You agree your electronic signature is legal equivalent to your manual signature on this form. You further agree that your use of a key pad, mouse or any other device to select an item, button, or icon similar to an act/action, or to otherwise provides disclosures or conditions constitutes your signature (here after referred as the E-signature), as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your e signature and that the lack of such certification or third party verification will not in any way effect the enforceability of your E-signature.