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**AUTHORIZATION FOR RECORDS RELEASE/
REQUEST OF CONFIDENTIAL INFORMATION**

I, hereby authorize **Robert W. Tinsley, DPM, PA** to release to:

Name of Physician/Individual

Hospital or Agency

Address

This is to request/authorize you to release to **Robert W. Tinsley, DPM, PA**

TO: _____

Physician

Address

Any information including diagnostic and medical records of treatment and/or examination rendered to me during the period from _____ to _____, including any and all Federal and State protected information without limitation psychiatric, drug and/or alcohol abuse, and human immunodeficiency virus test results (Aids and related conditions).

I understand that this authorization remain in effect for 90 days or until I revoke in writing. I hereby release **Robert W. Tinsley, DPM, PA**, and his employees from any and all liability that may arise from the release of this information as I have directed.

Date of Authorization

Patient's Name in Full (Print)

Date of Birth

Patient's Signature

Social Security Number

Authorized Representative

Witness

Acknowledgement of Receipt of Media Containing Electronic Copy of Health Records

I, _____, have received and am in exclusive possession and control of
(print name clearly)

media containing an electronic copy of the health records I requested from Robert W Tinsley DPM PA

The records were delivered to me on _____ and contained in one of the following media:
(date)

- CD-ROM DVD
- Floppy disk USB Memory Stick/Thumb Drive
- Other _____
(describe media)

The information contained in the described media above is:

- Encrypted Not Encrypted

Signature

Date

NOTICE: The media you have received contains information of a sensitive nature. You acknowledge receipt of the information on the media described above and in the form described above; be it protected by encryption technologies or not. Robert W Tinsley DPM PA disclaims any and all legal responsibility arising from the collection, recordation, and delivery of this information to you and, furthermore, Robert W Tinsley DPM PA shall not be liable for any damages whatsoever arising from any disclosure, attempted disclosure, use or attempted use of any of the information contained on the media described above following your acknowledgment of receipt of said media.

Below For Robert W Tinsley DPM PA Use Only

Media containing information described above prepared by: _____ / _____
(employee signature) (date)

Media containing information described above delivered by: _____ / _____
(employee signature) (date)