

**Robert W. Tinsley, D.P.M., P.A.**  
Diplomate, American Board of Podiatric Surgery  
Fellow, American College of Foot and Ankle Surgeons

**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 or 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 remains in effect for 90 days or until I revoke in writing. I hereby release Robert W. Tinsley D.P.M., P.A. and his employees from any and all liability that may arise from the release of this information as I have directed.

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Physician'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

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

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