



Research Release Form

The Physicians and staff at the Spine Physicians Institute (SPI) are dedicated to providing evidence based medicine. In order to ensure that you the patient are receiving such care, it is necessary to utilize our patient's medical history along with their treatment plans as a source of study and information.

By signing this form, you are giving the physicians and staff of SPI permission to utilize your medical records for the purposes of research, lectures, and patient education videos. **Your medical records, for these purposes are defined as your diagnostic images and your medical history.** At no time will your name, date of birth, or social security number be disclosed to anyone.

Please indicate below whether or not you will allow SPI to use your medical information for the purpose of research.

Do not release any of my medical information for any reason

I give permission for SPI to use my medical information for the purposes outlined above.

Patient Signature

Date

From time to time we have patients that have questions regarding their upcoming surgery and request to get in touch with a past surgical patient. If you have had surgery by Venkat Sethuraman MD and would be interested in participating in a patient education program to mentor future surgical patients please sign below. Your signature gives SPI permission to disclose your name and number **ONLY** to another patient for the sole purpose of gaining insight regarding their treatment plan. At no time will any medical history be disclosed.

Patient Signature

Date