



Columbia University
Medical Center

THE SPINE CENTER
Neurological Institute
710 West 168th Street, 5th Floor
New York, NY 10032
Telephone: (212) 305-9625 Fax: (212) 342-1540

Request for Access to Physical Therapy Information

As a patient of the Columbia University Medical Center Spine Center, you may access certain physical therapy information we maintain about you. If you want to inspect and/or receive a copy of your information, you must complete this form and return it to our office. This request applies only to the health care provider office that you indicate below.

To assist us in locating your information, please provide the following:

Patient Name: _____ D.O.B.: _____

Social Security: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Please specify the health care provider office from which you are requesting access to your health information:

Evan Johnson, DPT, MS Megan Reinhardt, DPT, MS

Please indicate, by checking the appropriate box(es), the specific information to which you want access:

Medical records for the following dates _____.

Billing records for the following dates _____.

Other. Please specify. _____.

Please indicate whether you would like to inspect or receive a copy of your physical therapy information by checking the applicable box(es):

I would like a copy of my record.

I would like a copy of my record sent to: _____

Signature of Patient or Personal Representative

Date

If personal representative, authority to act of behalf of patient