



Medical Records Release Form Secure Fax: TrackMy Solutions

Reason for Release: By signing this form you are approving and asking the named Performing Location/Hospital/Surgeon to secure fax your patient demographic information (name, date of service, date of birth, Phone Number, Email) and implantable device identifying information (for any performed surgeries; Device Identifier, Device name, Version/Model Number, Lot number, Serial number, expiration date if applicable) to the TrackMy Secure Fax number listed on this document after your surgery takes place. This information will be used to create your TrackMy Implants account and store your device information to track ongoing recalls/adverse events that are relevant to your implanted devices. If a device is recalled, you will receive a direct notification to your TrackMy account. Your help here will shape the future of healthcare through increasing patient safety and improving outcomes, we thank you for your partnership. If your surgeon/location would like to see how they can help increase patient safety or have any questions, please have them reach out to: info@trackmysolutions.us

By signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information (as listed above) to TrackMy Solutions via the Secure Fax line listed. In addition, the TrackMy team has received this signed document and will be following up with you (on my behalf) if the information is not sent timely post-surgery (within 2 weeks).

Patient Name: _____ Date of Birth _____

Performing Location/Hospital and Surgeon: _____

Performing Location/Hospital and Surgeon Phone Number: _____

The information you may release subject to this signed release form is as follows:

- Patient Demographics – name, date of service, date of birth, Phone Number, Email Unique
- Device Identifiers of Your Implantable Devices
- Device name, Version/Model Number, Lot number, Serial number, expiration date
- Doctor Information

Release my protected health information to the following TrackMy Solutions Secure Fax line:

Fax Number: 1 - (888) 593-0013

Patient Signature: _____

Date: _____

*Electronic Signatures. This release is signed when a party’s signature is delivered by facsimile, email, or other electronic medium. These signatures must be treated in all respects as having the same force and effect as original signatures.