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FORM TO REQUEST A PDF COPY OF THE CHART BY E-MAIL

Dear Parent or Patient:

Dr. Spivak's office closed as of June 28, 2018 due to a medical condition that he needs to address. E-mail communications are convenient but not considered a secure way to communicate for the purpose of protected health care information. However, many people still wish to communicate by regular email (e.g. gmail, aol, yahoo) for the sake of convenience and waive their right to a more secure form of communication such as through regular postal mail, fax or secure email servers (Please note that we are unable to communicate through secure email servers) If you wish to have a paper copy of the chart, or a disc copy mailed to you, we will have to charge for the service up to the limit allowed by law. There is no charge for a PDF e-mailed copy until Aug 15, 2019. **We do not have the ability to fax.** If you wish us to send a copy of the chart by e-mail, please note that because we are sending the entire chart, including the face sheet that has contact and insurance information, we will only send the information to the parent, patient (if 18 years or older) or legal guardian. For your protection, we will not send the information to anyone else, including other physicians. That is your responsibility. In addition, in order to avoid any misspelling of e-mail address, we will send the PDF of the chart only as a reply to your e-mail. **We highly recommend that you print out the PDF of the chart and that you forward to the physicians you are seeing only the parts of the chart that you want them to see. Sending the entire chart to another physician risks disclosing information that you do not want them to know, and in some cases, the chart may be dozens of pages long, too long for many physicians to review.**

If you wish to have your chart/child's chart sent by e-mail, please sign below.

By signing this document below, I am instructing the office of Dr. Spivak to forward a full PDF copy of the chart to me of the patient named below by unsecured e-mail. I certify that I am the patient, custodial parent or legal guardian of the patient named below. I am certifying that I have read and fully agree to all the information on this page, and that I waive my right to have the chart sent by a more secure method.

Date of Request_____

Patient Name_____ Birth date of Patient_____

Person requesting chart_____

Relationship to Patient_____

e-mail address of person requesting chart_____

Signature of person requesting chart_____

Signature required. You may scan this page with the signature and e-mail it back to drspivak.info@gmail.com or send a clear jpeg image of the signed form and send it back to us. **DO NOT FAX THIS FORM BACK TO US AS THE FAX LINE HAS BEEN DISCONNECTED. E-MAIL ONLY!**