

I hereby authorize the release of information from the medical record of:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_ (optional) Daytime Phone # \_\_\_\_\_

Information Released

TO: \_\_\_\_\_ FROM: 1960 Digital Imaging / I-Imaging

\_\_\_\_\_  
\_\_\_\_\_

**Verified ID**

**Please Release the Following:**

\_\_\_\_\_ X ray Reports

\_\_\_\_\_ X ray Films

\_\_\_\_\_ Other Diagnostic Reports (Specify) \_\_\_\_\_

**Purpose or Need for Disclosure:**

\_\_\_\_\_ Continued Patient Care

\_\_\_\_\_ Personal Use

\_\_\_\_\_ Attorney/Legal

\_\_\_\_\_ Insurance Claim/Application

\_\_\_\_\_ Disability Determination

\_\_\_\_\_ Other (specify) \_\_\_\_\_

I understand that the information released is for the specific purpose stated above. Any other use of this information without the written consent of the patient is prohibited. I further understand that I may revoke this consent (in writing) at any time except to the extent that action has been taken in reliance on it. This consent will expire 90 days after the date of my signature unless otherwise specified.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness

**COMPLETE ONLY IF INFORMATION IS TO BE RELEASE DIRECTLY TO PATIENT:**

I understand that my medical record may contain reports, test results, and notes that *only a physician can interpret*. I understand and have been advised that I should contact my physician regarding the entries made in my medical record to prevent my misunderstanding of the information contained in these entries.

I will not hold Tomball Imaging, 1960 Digital Imaging or I-Imaging liable for any misinterpretation of the information in my medical record as a result of not consulting my physician for the correct interpretation.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness

Date request completed \_\_\_\_\_ # pages copied \_\_\_\_\_ Reviewed only \_\_\_\_\_

Charges \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Initials \_\_\_\_\_