

Release of Information Form



NOTICE TO RECIPIENT: This Facsimile may contain Protected Health Information which is protected under HIPAA and State Laws. If you are not the intended recipient of this facsimile you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this facsimile in error, please notify the sender immediately by either calling, or faxing a notification of the error. Please securely dispose or shred the facsimile without reading, copying or saving. Thank you.

Medical Records Department RAA/Advanced Imaging LLC 4411 The 25 Way NE, Suite 150, Albuquergue, NM 87109 Phone: (505) 332-5842 Fax: (505) 332-5887

Patient Name:	Date of Birth
ALIAS/MAIDEN NAMES	

I hereby authorize Advanced Imaging LLC/RAA to obtain medical records from any provider, without limitation, including the following:

Facility/Entity ______ Address _____

Reason for Request: Continuing Care of Patient

Description of protected health information requested:

PLEASE FAX REPORTS TO PLEASE MAIL CD/FILMS TO:

- This authorization expires 1 year after date of signature unless otherwise specified.
- I understand that I have the right to revoke this authorization at any time by sending a written request to High Resolution. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
- I understand that the information released may be subject to re-disclosure by some recipients and may no longer by protected by federal and state privacy rules related to health information.

Signature of Individual

Signature of Patient Representative

Date of Signature

Relationship to Patient

Printed Name of Patient Representative

Date of Signature

A signed medical release is not required from the patient pursuant to HIPAA regulation standard 45 CFR 164.506 (c)(2) "A covered entity may without the individual's authorization disclose protected health information for the treatment activities of a healthcare provider."