

PATIENT AUTHORIZATION ~ REQUEST FOR RECORDS / X-RAYS

I, _____, hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I also understand that if the organization authorized by me to receive my health information is not a health plan or health care provider, the released health information may no longer be protected by federal privacy regulations.

I understand that the radiology films being released to me are an important part of my care and treatment and need to be returned to Rocky Mountain Spine Clinic, P.C. **PLEASE NOTE:** If you are coming back for another appointment with Dr. Jamrich, Dr. Barker, Dr. Prusmack or Dr. Madsen, it is imperative that you bring ALL of your x-rays with you, including any that were done at outside facilities, or have them returned to us in time for your appointment.

I understand that I may be assessed a \$25.00 fee for each request for medical records.

The organization being authorized to release my health information is the **Rocky Mountain Spine Clinic, P.C.**

Persons / Organizations authorized to receive my health information:

Specific description of health information covered by this release:

- Office Notes Operative Reports Radiology Reports X-ray Films, MRI Films, CT Films, etc.

Released information is dated:

From _____ / _____ / _____ To _____ / _____ / _____
(month) (day) (year) (month) (day) (year)

I understand this authorization will expire on _____ / _____ / _____
(month) (day) (year)

Printed Name of Patient or Patient's Representative

Patient's Birthdate

Signature of Patient or Patient's Representative

Date Signed

Relationship of Representative to Patient: _____

A NOTE CONCERNING YOUR X-RAY FILMS:

We are pleased to provide you with our x-rays, but they are released with the understanding that they are part of our records and are the property of the Rocky Mountain Spine Clinic, P.C. They must be returned within 30 days, or as soon as they have served their purpose.

The charge paid by the patient for the x-rays entitles the patient to have the x-rays kept in our x-ray department. We are legally responsible for the x-rays, therefore, they must be returned to us. Your cooperation in returning our x-rays will be appreciated. This authorization may be revoked at any time by submitting a written statement.