

CONSENT TO RELEASE MEDICAL INFORMATION

As a patient of Iowa Radiology, you are entitled under federal law to request your personal protected health information for yourself or provided to another individual. Please complete this form and submit it to medrecords@iowarad.com or via fax at (515) 226-9812 along with a copy of a valid, state-issued photo ID. Once received, the information will be used to verify your identity and your request will be processed.

PATIENT _____
(Please print)

DATE OF BIRTH _____

I hereby request that my medical records be released from: **Iowa Radiology.**
12368 Stratford Drive
Clive, Iowa 50325

Please send my records to: (Physician, hospital, or facility name)

Doctor/Facility: _____

Phone: _____ **Fax:** _____

Address: _____

Information Requested

Date of Service

_____ **Films/CD**
_____ **Reports**

This authorization will expire one year from the date of signature, except as specified.

Specify # of days or months.

At this time, no express revocation shall be deemed to terminate my consent, but I understand that I may revoke this authorization at any time by sending a written notice to Iowa Radiology 12368 Stratford Drive, Clive, Iowa 50325. I understand that any release which was made prior to my revocation in compliance with this authorization, shall not constitute a breach of my rights to confidentiality. I understand that I may review the disclosed information by contacting Iowa Radiology.

Signature of Patient or Legal Guardian

Date

Relationship (if not patient)

Witness

Specific Authorization for Release of Information Protected by State or Federal law.

I specifically authorize the release of data and information relating to: Check the appropriate box:

1. Substance Abuse (Alcohol/drug abuse)
2. Mental Health (includes psychological testing)
3. HIV related information (AIDS related testing)

SIGNATURE _____ DATE _____ *

For the above information to be released, you must sign here & check the appropriate box.

Request fulfilled

by: _____ Date: _____