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URGENT Time Sensitive Request for Prior Images

Release of Health Information

To whom it may concern,

I, _____, authorize the release of my prior _____ records (if available) and applicable reports to ImageCare Radiology.

Facility records are being requested from:

Facility Name City, State Phone Number Fax Number

Patient Name: _____ Account Number: _____

Date of Birth: _____ Phone: _____

Please Send: [] Images on CD [] Reports

- Studies: [] X-ray [] CT [] Dexa [] MRI [] Mammography [] PET/CT [] Ultrasound [] Other: _____

Please send all images on CD in an UNENCRYPTED DICOM format with corresponding reports.

Kindly send these records as soon as possible, for use in comparison with the patient's upcoming study.

Please mail all pertinent patient history to: Attn: Medical Records

Three horizontal lines for mailing address.

Patient Signature: _____ Date: _____ Staff Initial: _____

In accordance with the HIPAA Privacy Rule §164.506 medical entities can share patient information for " Uses or disclosures to carry out treatment, payment, or health care operations". Thus, the Rule does permit the exchange of information for treatment purposes without the patient's written authorization