SIGNATURE HEALTHCARE

Appendix 4.03A1

☐ Brockton Hospital
680 Centre St. Brockton, MA 02302
(P) 508-941-7150 (Fax) 508-941-6159

☐ Liberty Street
110 Liberty St. Brockton, MA 02301
(P) 508-894-0686 (Fax) 508-894-0682

Authorization Release of Medical Images

MRN # _____

Patient Name: _____ **Date of Birth**: _____
(Last) **(Middle Initial)** **(First)**

Contact Phone _____ **Patient Address:** _____

If requesting to send to and outside facility please put the information here

FROM	TO
Facility: _____	Facility: _____
Address: _____	Address: _____
FAX number: _____	FAX number: _____
Phone number: _____	Phone number: _____

Exam requested:

- ☐ MRI
  Date_____
  Exam_____
- ☐ ULTRASOUND
  Date_____
  Exam_____
- ☐ CT
  Date_____
  Body Part_____
- ☐ XRAY
  Date_____
  Exam_____
- ☐ BREAST IMAGING
  Date_____
- ☐ OTHER
  Date_____
  Exam_____

CIRCLE: **Images and Reports** **Reports only**

I hereby authorize Signature Healthcare to release my medical imaging records including my images and associated reports to the "Authorized Person" whose name appears below.
I understand that information used or disclosed pursuant to this authorization could be subject to **re-disclosure** by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality. I know that this authorization is voluntary. I understand that treatment will not be conditioned on the completion of this authorization.
I understand that I may withdraw this authorization at any time and that this authorization will expire 6 months (180 days) after being signed and I understand that I will be charged for costs associated with copying and mailing of records (if applicable). ***A picture ID is required when picking up medical imaging records.***

Signed: _____ _____ _____
(Patient or Legal Representative) (Date) (Relation)

Patient ID Checked: Yes _____ (initial)

Signature of Associate Releasing CD/reports_____

Print Associate's Name_____

Name of Associate given the CD for outside transfer_____

Effective Date: 3/13
Revised Date: 1/17, 11/21 **THIS AUTHORIZATION WILL BE INVALID UNLESS ALL ITEMS ARE COMPLETED**