

**THE BREAST CENTER, THE WOMAN'S IMAGING CENTER
DEXA Bone Densitometry Center**

7900 Fannin, Suite 1500 - Houston, Texas 77054
Fax: 713-512-7037

Phone: 713-512-7091

**AUTHORIZATION FOR RELEASE OF
MAMMOGRAM FILMS/ULTRASOUND FILMS/BONE DENSITY/MEDICAL RECORDS**

Name of Facility

Street Address

City, State, Zip Code

TYPE OF EXAM: Mammogram Breast Ultrasound Pelvic Ultrasound Bone Density

NUMBER OF YEARS: Last year 3 years All Permanent

However, we ask that when you have no further need of the films, that you return them to us for storage and future reference. They are part of our permanent records and are to be used only by a licensed physician in consultation to facilitate treatment and diagnosis. ALL FILMS MUST BE RETURNED WITHIN THIRTY (30) DAYS.

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Purpose of Disclosure: Patient Request

The Breast Center, The Woman's Imaging Center, and DEXA Bone Densitometry Center will not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.

I hereby release you, your physicians and employees from liability for following this authorization and request.

I understand that the information released is for the specific purpose stated above. Any other use of this information without the written authorization of the patient is prohibited. I further understand that I may revoke this authorization (in writing) at any time except to the extent that action has been taken in reliance on it. This authorization will expire in 12 months after the date of my signature unless otherwise specified.

Redisclosure – We have no control over the person(s) you have listed to receive your protected health information. Therefore, your protected health information disclosed under this authorization will no longer be protected by the requirements of the Privacy Rule and will no longer be the responsibility of our practice.

Date: _____

Patient's Signature: _____

Please Print Name: _____

Date of Birth: _____

