



## AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Street and number / Apt \_\_\_\_\_ City, State & Zip code \_\_\_\_\_

Best Contact #: \_\_\_\_\_

I request and authorize **Santa Fe Imaging, LLC** to release medical imaging records & reports to:

Name of person or facility \_\_\_\_\_

1) Hold for pick up \_\_\_\_\_ When? \_\_\_\_\_

2) Mail to: Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Party receiving records is: my physician \_\_\_\_\_ a relative/ friend w/ ID \_\_\_\_\_  
Other (describe) \_\_\_\_\_

Release of records is requested for:

\_\_\_\_\_ Originals to be returned to SFI \_\_\_\_\_ Copies to be kept \_\_\_\_\_ Permanent transfer of records  
Release is requested for:

- All images and/or reports in my SFI record jacket or in SFI's electronic records
- Images relating to the following exam date(s): \_\_\_\_\_
- Reports relating to the following exam date(s): \_\_\_\_\_
- Other (explain): \_\_\_\_\_

BY SIGNING THIS FORM, THE PATIENT OR PATIENT'S REPRESENTATIVE AUTHORIZES SANTA FE IMAGING, LLC TO DISCLOSE RECORDS OR OTHER INFORMATION TO THE PERSON OR ORGANIZATION DESIGNATED.

**IMPORTANT: FIRST COMPACT DISC WILL BE ISSUED AT NO CHARGE, FIRST SET OF FILMS WILL BE AT ISSUED AT \$10.00 PER FILM SHEET AND WILL BE HELD FOR 30 DAYS. IF THE FILM HAS NOT BEEN PICKED UP WITHIN THAT TIME. THE FILM WILL BE DESTROYED AND THE PATIENT WILL BE BILLED.**

BY SIGNING THIS FORM, PATIENT AGREES TO THE ABOVE AND ACKNOWLEDGES THAT **PAYMENT WILL BE REQUIRED FOR ANY ADDITIONAL SETS** (CD-\$5.00, FILM \$10.00 PER SHEET) PRIOR TO FILMS BEING PRINTED.

This authorization (a) Expires in 90 days \_\_\_\_\_ (b) Remains in effect until specifically revoked \_\_\_\_\_

I hereby release Santa Fe Imaging, LLC, from all liability and claims of any type related to disclosure of the designated medical records to the party/parties designated above.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_