

ULTRASOUND ASSOCIATES

Women's Imaging Center

5055 SEMINARY ROAD, SUITE 104
ALEXANDRIA, VA 22311
TEL 703 820-8295 FAX 703 820-8366

Account Number _____

Permanent Transfer Authorization to Release Health Information -- Allow 48 Hours

PATIENT NAME: _____ DATE OF BIRTH: _____
LAST FIRST MI

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ ALTERNATE PHONE: _____

INFORMATION TO BE RELEASED:

EXAM DATES:

- Ultrasound CD'S/Reports/Specify Exam Type _____
- Mammography Films/CD'S/Reports _____
- Bone Density Images/Reports _____

I understand there will be a \$10.00 fee if the records are mailed. Additional fees will be charged for printing laser film. I hereby request Ultrasound Associates to release the above identified records. The records should be prepared for:

PICK UP BY: PATIENT OTHER: _____
(Print complete name/ID will be required)

FIRST CLASS MAIL (Clearly print in the below space the name & address of the facility where you want your records to be mailed)

PURPOSE OF RELEASE: Personal Use Appointment at Another Facility Relocation Insurance Legal

Medical/Surgical Follow-up (*specify physician's name*): _____

I hereby authorize Ultrasound Associates to mail my health records indicated above to:

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

I understand and accept full responsibility for the condition and location of films and release Ultrasound Associates of any liability from loss or damage. I understand the films I am removing may include originals for which no copies exist. Ultrasound Associates is released from any and all liability that may arise from the release of my films and/or other health records. I understand proof of identity will be required of the person picking up my medical records.

SIGNATURE OF PATIENT

DATE

IF MEDICAL INFORMATION IS PICKED UP BY A REPRESENTATIVE, SIGNATURE IS REQUIRED

DATE

FOR OFFICE USE ONLY

DATE AUTHORIZATION RECEIVED: _____ BY: _____

DATE PACKED UP: _____ BY: _____

OF FILMS/CD'S SIGNED OUT _____ IDENTIFICATION PRESENTED: _____

DATE PICKED UP/MAILED: _____ RELEASED BY: _____

AMOUNT RECEIVED \$ _____ BY: _____