



River Forest Medical Campus

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, _____ Date of Birth: _____ request the **River**

Forest Advanced Imaging Center to release my MRI CT XRAY ULTRASOUND which was performed on _____ at the River Forest Advanced Imaging Center.
Date (s)

I understand that I have the right to copy and inspect information which is to be released. I understand that my refusal to consent to the release of this information will prevent disclosure of such information. The record may be subject to subpoena or court order if it does not contain alcohol, drug, or mental health information.

The authorization is limited to only that information I have requested above to be sent to the party named. The information released may not be further disclosed nor may it be used for any purpose other than as stated in this authorization. It is further understood that I have been advised by River Forest Advanced Imaging Center that I have the right to revoke this authorization in writing at any time, and in any case it expires when the processing of this request is completed or state date, event, or condition upon which it will expire.

DISCLOSURE PROHIBITION ON ALCOHOL, DRUG, MENTAL HEALTH RECORDS, AND/OR HIV STATUS
This information will be disclosed from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit any further disclosure of this information except with the specific written consent of the person legally empowered to give consent. Federal regulations state that any person who violated any provision of this law shall be fined not more than \$500.00, in the case of a first offense, and not more than \$5,000.00 in the case of each subsequent offense.

Send Records to [or] self pick up:

Records taken to: _____

(Signature of Patient)

(Date)

(Signature of Witness)

(Date)

Person authorized to receive records (if other than patient, please print)

Signature of person receiving records (if other than patient and if not mailed)

(Date)

ID-Identified (initials) _____ Yes No