Release of PENRAD Imaging Medical Information

Patient Name: _____(Maiden/Other Name):_____

Date: _____Date of Birth: _____Phone #:_____

I understand the release of any of my medical information, reports, and / or images will no longer preserve the confidentiality of my records and the information contained therein. I hereby release Colorado Springs Radiologists, P.C. / PENRAD Imaging, and all of their personnel, both technical and administrative, from any and all liability claims, demands, and actions of any kind, which may arise or result from the release of these reports, films and/or CDs.

Exams & Dates of Service Needed

Exam: _____	Date: _____	☐ Report	☐CD
Exam: _____	Date: _____	☐ Report	☐CD
Exam: _____	Date: _____	☐ Report	☐CD
Exam: _____	Date: _____	☐ Report	☐CD
Exam: _____	Date: _____	☐ Report	☐CD

Send to: _____ Attn: _____

_____ Need By: _____

Patient/Guardian Signature:_____ Date:_____

This release <u>REMAINS in EFFECT for 90 Days</u>. You may request a copy of this completed form.
If you wish to <u>REVOKE</u> this Release of Medical Information, you must *<u>submit a request in writing</u>*.
If you wish to change this release information prior to 90 days, you must complete and submit a new form.

Oral Authorization (for persons physically unable to sign)
I witness that the patient understood the nature of this release,
and freely gave their oral authorization (2 witnesses are required.)

Witness 1 Signature:_____Date:_____

Witness 1 Signature:_____Date:_____

Please return this completed Release of Medical Information form to
PENRAD Imaging's Medical Records Department at
PENRAD Imaging, 3050 N Circle Dr. Colorado Springs, CO 80909
or by FAX
Fax # 719-867-7915

For Staff Use Only:

Spoke with: _____ Phone #: _____

Account #: _____ Photo ID #: _____

Witness: _____ Date: _____

Taken By: _____ Date: _____ Completed By: _____ Date: __
_____

Exam Location: ☐AMC ☐SGP ☐Nevada ☐ Tri-Lakes ☐ Briargate MRI ☐ Broadmoor

Delivered By: *☐Courier* *☐Box* *☐Mail* *☐Fax* _____

PU From: ☐AMC ☐SGP ☐Nevada ☐ Tri-Lakes ☐ Briargate MRI ☐ Broadmoor

(719) 785-9000
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PENRAD.org