



RADIOLOGY LTD., P.L.C. and RLC, LLC

677 North Wilmot Road
Tucson, Arizona 85711

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient's Legal Name: _____
Address: _____ DOB: _____
City: _____ State: _____ Zip Code: _____

Purpose of the Requested Use or Disclosure is: _____ Continuing Medical Care _____ At My Request
_____ Proctoring Medical Students _____ For Medical Publication and Educational Purposes
_____ Marketing _____ Insurance Verification _____ Other: _____

I hereby authorize Radiology Ltd. to release to the Recipient identified below, the following protected health information:

- | | |
|------------------------------------|------------------------------------|
| _____ Initial Examination | _____ Consultations |
| _____ Progress Notes | _____ Hospital Records |
| _____ Laboratory Reports | _____ EKG |
| _____ X Ray reports | _____ X Ray films |
| _____ Other (please specify below) | _____ Entire Chart |
| | _____ Speak to about my healthcare |

(Other) _____

Recipient: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Fax No. _____ Contact Person: _____

I understand that I may revoke this authorization at any time by notifying Radiology Ltd./RLC in writing, except to the extent that action based on this authorization has already been taken. Unless revoked, this authorization will expire on _____. If no date is provided, it shall automatically expire one year from the date on which it is signed. I agree to allow information to be faxed if necessary.

Notice: Except as permitted by law, Radiology Ltd./RLC may not condition treatment, payment, enrollment or eligibility for benefits on whether you sign this authorization. Information disclosed pursuant to this authorization may be subject to re-disclosure by the Recipient and may no longer be protected by federal privacy laws.

Signature of Patient/Personal Representative* Date

*If you are a Personal Representative, you must provide a description of your authority to act for the patient.

Crystal C. Atwell HIPAA Privacy/Security Officer, @ 677 N. Wilmot Rd., Tucson, AZ. 85711 or E-Mail to: crystal.atwell@radltd.com

INTERNAL USE ONLY

Date payment received _____ Amount received _____ Check Cash CC

Date records sent _____ Sent By _____