



Medical Imaging, P.A.
9501 N. Oak Trafficway
Kansas City, MO 64155-2256
(816) 455-0661 (phone)
(816) 455-3905 (fax)

Independence
19000 E. Eastland Center Ct.
Independence, MO 64055-7004
(816) 876-2900 (phone)
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Authorization to Release And / Or Receive Records

Are you releasing these records permanently to Medical Imaging? Yes ___ No ___

Patient Name: _____ Chart # _____

DOB: _____ Phone: _____

Address: _____

I hereby authorize Medical Imaging to:

- Release copies of billing or medical records to the following persons or entities
- Receive copies of medical records from the following persons or entities

The following information shall be obtained and/or released pursuant to this Authorization:

- Mammography film
- Radiology Report
- Pathology Report
- Operative Report
- Other (Specify)

Information may be released in writing, verbally, or by video, fax, photocopy, or microfilm.

I request that the above information be released for the following date(s) of service: _____

NOTICE TO PATIENT /PATIENT REPRESENTATIVE: If the recipient of the information disclosed pursuant to this Authorization is not a health care provider, health plan or healthcare clearinghouse, the information may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy laws and regulations.

The information will be obtained and /or disclosed for the following reasons:

- AT THE REQUEST OF THE INDIVIDUAL (FOR COMPARISON)
- Other (Specify):

This authorization will expire 1 year from date of the signature below.

This Authorization may be revoked by notifying our Privacy Officer in writing at the following address:
Note: Protected health information may already have been disclosed before the revocation is received. If so, the revocation will be effective as of the date by our Privacy Officer.

Lissa Jones, Privacy Officer
Medical Imaging, Inc.
9501 N. Oak Trafficway, Suite 100
Kansas City, Missouri 64155

Patient Signature **Date**

Patient's Printed Name

Requested By

This authorization is voluntary. A refusal to sign will not affect the patient's ability to obtain treatment, payment, or if applicable enrollment in a health plan or eligibility for benefits.

PLEASE MAIL TO:
MEDICAL IMAGING - North
9501 N Oak Trafficway
Kansas City, MO 64155

PHONE: 816-876-2800
FAX: 816-454-3905