MEDICAL IMAGING OF
LEHIGH VALLEY, P.C.
INTERVENTIONAL RADIOLOGY OFFICE

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# *Consent for Release of Information*

| Patient Name: | Social Security No: | Date of Birth: |
|---|---|---|
| Address: | | Telephone Number: |

I, _____ do hereby consent to and authorize _____ to disclose to:

| Name of Doctor / Hospital / Insurance Company / Other Agency: |
|---|
| Attention: |
| Addressee: |
| For the purpose of: |

Information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPPA Privacy Rule.

The information to be released is:

☐ Provider Notes ☐ Medical History & Examination ☐ Diagnostic Tests ☐ Entire Record

If NOT requesting the ENTIRE RECORD, please specify the dates of service: From: _____ To: _____

☐ Other specific medical record requests (please list): _____

☐ EXCEPTION: I do not give permission to release (please specify): _____

I understand that I do not have to sign this specific form in order to receive treatment from Medical Imaging of Lehigh Valley, P.C. Even though the consent for release of information is valid for 90 days, I also understand that this consent may be revoked by me at any time by submitting a written revocation notice – except to the extent that any action that has already been taken as authorized by this form will remain in force in order to achieve the purposes for which it is given. I have a right to request a copy of this authorization. A copy of this authorization is as valid as the original.

Today's Date: _____ Date Consent Expires: _____

Patient Signature/Legal Guardian/Authorized Representative: _____

Printed Name of Parent/Legal Guardian/Authorized Representative: _____

Unable to sign because: _____

Witness signature if patient unable to sign: _____

☐ Attached is a copy of the appropriate legal document, which provides authority to act on behalf of the patient.

Please return to: Medical Imaging of Lehigh Valley, P.C.
Attn: Interventional Radiology
1255 South Cedar Crest Blvd., Suite 2500
Allentown PA 18103
610-402-8759 (Phone); 610-402-8585 (Fax)