

## **REQUEST TO PROVIDE BREAST IMAGING RECORDS TO HOAG MEMORIAL HOSPITAL PRESBYTERIAN**

Dear Patient:

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with California and Federal law concerning the privacy of such information. Failure to provide all information requested may invalidate this authorization:

### **Notice of Rights and Other Information:**

- I may refuse to sign this authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits.
- I may revoke this authorization at any time, but I must do so in writing and submit it to the facility/provider listed on page 2. My revocation will be effective upon receipt, but will not be effective to the extent that the requestor or others have acted in reliance on this authorization.
- I have a right to receive a copy of this authorization.
- Information disclosed pursuant to this authorization could be re-disclosed by the recipient and might no longer be protected by federal confidentiality law (HIPAA). However, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.
- I may inspect or obtain a copy of the health information that I am being asked to use or disclose.

Complete request information on reverse side...

Side 1 of 2

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Use of disclosure:** I hereby authorize:

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**To release my breast imaging records to Hoag Imaging/Breast Center:**

- ☐ Secure Medical Image Exchange (PowerShare - Hoag Health Network)
- ☐ 19582 Beach Blvd Suite 160, Huntington Beach, CA 92648 (714) 378-4992
- ☐ 26671 Aliso Creek Rd Suite 106, Aliso Viejo, CA 92656 (949) 764-7575
- ☐ 1190 Baker St Suite 102, Costa Mesa, CA 92626 (949) 764-1888
- ☐ 4870 Barranca Pkwy Suite 100, Irvine, CA 92604 (949) 451-6000
- ☐ One Hoag Drive, Newport Beach, CA 92658 (949) 764-8078
- ☐ 16305 Sand Canyon Ave. Suite 160, Irvine, CA 92618 (949) 557-0170
- ☐ 26672 Portola Pkwy Suite 106, Foothill Ranch, CA 92610 (949) 557-0780

**This authorization applies to the following:**

- ☐ Mammograms, ultrasounds, MRI images and reports
- ☐ Only the following records or types of health information: \_\_\_\_\_

**Purpose of requested use or disclosure:**

- ☐ Further Medical Care ☐ Other: \_\_\_\_\_

Limitations, if any: \_\_\_\_\_

This authorization will expire in 1 year from date of signature unless another date is specified: \_\_\_\_\_

Signature: \_\_\_\_\_ A.M./P.M.  
[Patient/Legal Representative] [Date] [Time]

If signed by other than patient, indicate relationship: \_\_\_\_\_

Print Name (legal representative): \_\_\_\_\_

***The interpretation of your exam will be delayed until all attempts have been made to retrieve your prior breast imaging.***

