AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

Patient Name: ______________________ Alias: ______________________

DOB: ______________________ MRN: ______________________

Request to:

Attention: ______________________

Physician/Facility Name: ______________________

City: ______________________ State: __________ Zip: __________

Phone: ______________________ Fax: ______________________

I hereby request that my previous **mammograms** and **breast ultrasound** images and reports (pathology if related) 3 years' worth to be released, for the purpose of comparison to current study, to:
If sending a CD please send **Non-compressed Raw Dicom Format** (Check location where you'll be having your exam)

Inland Imaging, LLC
Holy Family Center
5715 N. Lidgerwood
Spokane, WA 99208
Attn: __________
Phone: (509) 363-7996
Fax: (509) 363-7999

Inland Imaging, LLC
Sacred Heart Center
105 West 8th Avenue Suite 100C
Spokane, WA 99204
Attn: __________
Phone: (509) 363-7863
Fax: (509) 363-7868

Inland Imaging, LLC
16528 E. Desmet Ct
Suite A1300
Spokane, WA 99216
Attn: Mammography
Phone: (509) 363-7483
Fax: (509) 363-7414

This authorization expires 90 days from the date signed, or once all recommendations from the current study have been resolved.

Signature of Patient: ______________________ **Date:** __________

Signature of Patient's representative: ______________________ Date: __________

You have the right to **revoke this authorization** at any time, provided that you do so in writing. Revoking this authorization does not apply to information already used or disclosed by this authorization.

I hereby revoke this authorization.

Signature of individual or personal representative: ______________________ Date: __________

This fax is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under law. If you have received this fax in error, you are hereby notified that we do not consent to any reading, distribution, or copying of this information. If you have received this fax in error, please notify the sender immediately and destroy the faxed information.