



TO BE SCANNED

Requesting Your Non-Independent Imaging Breast Imaging and Reports

This form collects information that is part of the medical record.

The Mammography Quality Standards Act (MQSA) requires facilities to compare the original previous mammograms to the mammogram performed at Independent Imaging. It is critical that these films/images and reports are available at the time of your appointment. We are unable to provide a final report until we receive your previous mammograms.

I hereby authorize: _____

To Disclose all Breast Imaging material and reports as follows:

- Digital imaging must be in DICOM format
- Original hard copy films (printed images of a digital exam are accepted for comparison only)

Purpose: Continuation of Care

Disclose to:

Independent Imaging
3347 State Road 7 - Suite 100
Wellington, FL 33449

For Patient:

Patient Name	Date of Birth
Address	Phone Number

I understand that once this information is disclosed, the information is subject to redisclosure and may no longer be protected by federal privacy regulations. This form may be revoked at any time providing the information has not already been disclosed. I understand that Independent Imaging will not condition treatment, payment enrollment for benefits on my signing this authorization. I understand the matters discussed on this form. I release the provider, its employees, officers and directors, medical staff members, and business associates from any legal responsibility or liability for the disclosure of the above information to the extent indicated and authorized herein.

Patient Signature	Date
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If you are having difficulty obtaining this information and need help, please call Medical Records at 561.795.5558 .