



**Attention to:**

**Mammogram Department**

2979 PGA Blvd, Suite 100 Palm Beach Gardens, FL 33410  
Phone: 561-275-7671 Fax: 561-275-1143

**Authorization to Release Information**

**Authorization:** I authorize the provider to release the information marked below to the recipient.

**Patient:** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Doctor:** Information to be released **FROM:** \_\_\_\_\_  
Office name: Diagnostic Imaging Specialists of the Palm Beaches  
Address: 2979 PGA Blvd. Suite 100  
City: Palm Beach Gardens State: Florida Zip code: 33410

**Recipient:** Information to be released **TO:** \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Fax Number \_\_\_\_\_ Phone: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Office notes        | <input type="checkbox"/> Lab Reports             |
| <input type="checkbox"/> Bone Density Report | <input type="checkbox"/> (cultures & blood work) |
| <input type="checkbox"/> Pap Smear Report    | <input type="checkbox"/> GYN/OB Sonogram Report  |
| <input type="checkbox"/> Mammography         | <input type="checkbox"/> Pre-natal Records       |
| Report/Breast U/S                            | <input type="checkbox"/> Other                   |

**Retrieving records from a previous provider is the responsibility of the patient.**

Signature of Patient/Guardian: \_\_\_\_\_  
Relationship to patient if signed by Guardian \_\_\_\_\_  
Date of signature: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reason patient unable to sign: \_\_\_\_\_  
Verified ID by: \_\_\_\_\_

**Revocation:** I understand that I may revoke this consent at any time and that the consent will automatically expire twelve months the date of my signature. I do not authorize further release to a third party. I understand that once information is released under this authorization, the office and their employees and my physician(s) cannot prevent the re-disclosure of that information.

**Cost of reproducing medical records for patients.**

Florida Administration code 64B8-10.003, the reasonable costs of reproducing copies of reports shall not be more than the following:

- \$1.00 per page for the first 25 pages ; and
- \$0.25 cents for each page in excess of 25 pages.