



7500 Smoke Ranch Road, Suite 100
 Las Vegas, Nevada 89128
 Phone : 702-254-5004
 Fax : 702-432-4005

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name _____		Birth Date _____	Social Security No. _____
Address _____		Telephone No. () _____	
I hereby authorize _____ <div style="text-align: center;">Facility Name</div> To release information from the medical records of _____ <div style="text-align: center;">Patient Name</div> To: Las Vegas Radiology			
Examination date(s): _____ <div style="text-align: center;">Specify dates – this line MUST BE completed</div>			
Records to be released			
Lab Records _____			
Imaging/Radiology exams _____			
Entire Record _____			
Other _____			
This authorization expires 60 days from the date signed below and covers only treatment for dates specified above.			
<p>I, the undersigned, have read the above and authorize the staff of the disclosing facility named to disclose such information as herein contained. I understand that this authorization may be withdrawn, by written request from me, at any time except to the extent that action has been taken in reliance upon it. I understand that re-disclosure of this information to a party other than the one designated above is forbidden without additional authorization on my part. This facility is released and discharged of any liability and the undersigned will hold the facility harmless, for complying with this "Authorization for Release of Medical Information". I understand that the information released may be subject to re-disclosure by the recipient and may no longer be protected by the Federal Privacy Law. The facility will not condition treatment, payment or enrollment upon the provision of an authorization including the consequences of refusal to sign the authorization. A photocopy of this authorization shall constitute a valid authorization.</p>			
_____ Date Signature of Patient/Parent/Conservator/Guardian Relationship to			
Patient/Authority to act for patient _____ <div style="text-align: center;">ID Present</div>			
THIS AUTHORIZATION WILL NOT BE VALID UNLESS ENTIRELY FILLED OUT			