

HOME HEALTH RADIOLOGY SERVICES

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Authorization For Use and Disclosure of Diagnostic Medical Images and Reports

Completion of this document authorizes the disclosure and/or use of identifiable health information, as set forth below, consistent with Federal law concerning the privacy of such information. Failure to provide all information requested, including the pre-payment processing fee, might invalidate or delay the processing of this Authorization.

Patient:	Date of Birth
Medical Record Number:	Date of Exam:
Patient/Physician Requiring CD:	Phone Number:
Address:	
Patient Consent for Release of Original X-Ray Exams	
your choice. It must be remembered that the X-rays	g CDs of your X-rays to the physician's clinic or hospital of are our legal property and we are legally responsible for their 8 hours' notice is needed. The CD does not need to be
To be completed by Home Health Radiology Services Stat	<u>f</u> :
Number of CDs given Number of CDs maile	ed out Number of CDs taken by patient
Authorized by:	Verbal: Written
To be completed by the patient:	
I understand that the CD I am about to take is part of and I am personally requesting release of my x-Ray	of the permanent record of Home Health Radiology Services exam.
Signed	
Witnessed by:	Date
Summary	For Copies of CD
Fax completed form to (888) 964-0088 HOME HEALTH RADIOLOGY SERVICES - 1211 Green St., Iselin, NJ 08830	
No charge for first CD of above exam. \$10 charge for	or each additional CD of above exam.
Number of CDs given @ \$10 per CD = \$	Total Amount