Dear Patient:

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with California and Federal law concerning the privacy of such information. Failure to provide all information requested may invalidate this authorization:

**Notice of Rights and Other Information:**

- I may refuse to sign this authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits.

- I may revoke this authorization at any time, but I must do so in writing and submit it to the facility/provider listed on page 2. My revocation will be effective upon receipt, but will not be effective to the extent that the requestor or others have acted in reliance on this authorization.

- I have a right to receive a copy of this authorization.

- Information disclosed pursuant to this authorization could be re-disclosed by the recipient and might no longer be protected by federal confidentiality law (HIPAA). However, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.

- I may inspect or obtain a copy of the health information that I am being asked to use or disclose.

Complete request information on reverse side...
Use of disclosure: I hereby authorize:

Name/Organization: _________________________________________________________________
Address: _________________________________________ City: ___________ State: ____ Zip: ________
Phone: __________________________________  Fax:  ____________________________________

To release my images to:

[ ] Hoag Imaging Center
   19582 Beach Blvd Suite 160, Huntington Beach, CA 92648 (714) 378-4992
[ ] Hoag Imaging Center
   26671 Aliso Creek Rd Suite 106, Aliso Viejo, CA 92656 (949) 764-7575
[ ] Hoag Imaging Center
   1190 Baker St Suite 102, Costa Mesa, CA 92626 (949) 764-1888
[ ] Hoag Imaging Center
   4870 Barranca Pkwy Suite 100, Irvine, CA 92604 (949) 451-6000
[ ] Hoag Breast Center Newport Beach
   One Hoag Drive, Newport Beach, CA 92658 (949) 764-8078
[ ] Hoag Breast Center Irvine
   16305 Sand Canyon Ave. Suite 160, Irvine, CA 92618 (949) 557-0170

This authorization applies to the following:

[ ] Mammograms, ultrasounds, MRI images and reports
[ ] Radiology films and radiology reports
[ ] Only the following records or types of health information: ________________________________

Purpose of requested use or disclosure:

[ ] Patient request  [ ] Further Medical Care  [ ] Other: ________________________________

Limitations, if any: ___________________________________________________________________

This authorization expires on (date): ____________________________

Signature: ________________________________  _________ ___ ___________ A.M./P.M.
          [Patient/Legal Representative]          [Date]          [Time]

If signed by other than patient, indicate relationship: ______________________________________

Print Name (legal representative): _______________________ Witness: _______________________

The interpretation of your exam will be delayed until all attempts have been made to retrieve your prior breast imaging.