

# AUTHORIZATION FOR RELEASE OF MEDICAL IMAGES

Revised November 2019

## IMAGE SERVICE CENTER

55 Fruit Street–Blake Sub-basement 0029A | Boston, MA 02114 | Telephone: (617) 726-1798 | Fax: (617) 724-0264

**Patient Name:** \_\_\_\_\_

**Medical Record #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I hereby authorize Massachusetts General Hospital to furnish medical images from my image file including Partners Urgent Care Centers.

By signing below, I consent MGH Imaging to act on behalf of the Partners HealthCare System, Inc. (“Partners”) providing me with copies of all images of me in my medical record, with associated reports, taken at any Partners Urgent Care Centers or with the following subset of images of me in my medical record, with associated reports, taken at any Partners Urgent Care Centers. I hereby release Massachusetts General Hospital, its agents and employees from any and all liability that may arise from the release of the requested medical images.

### For Release of CDs/DVDs:

Digital images on CD/DVD should not be returned. NOTE: I understand that if there are mammography images on this CD/DVD, they are not intended for finalized interpretation unless viewed by a Radiologist on an FDA approved monitor. If this CD/DVD contains Tomosynthesis images they can only be viewed on a licensed Tomography device.

I understand this policy as it has been explained to me.

I acknowledge receiving \_\_\_\_\_ CDs/DVDs

Thank you in advance for handling, these images with care.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patient Signature or Signature of Presenter (if not Patient)**

\_\_\_\_\_  
**ISR Initials**

\_\_\_\_\_  
**Relationship of Presenter**

**Presenter's ID Photocopied**



**MASS GENERAL  
IMAGING**

A FOUNDING MEMBER OF

