



45 Pine Grove Ave.  
Kingston, N.Y. 12401

45 Pine Grove Ave. Kingston, N.Y. 12401  
Phone: (845) 340-4500 Fax: (845) 340-4501

**RIVER RADIOLOGY AUTHORIZATION TO OBTAIN MEDICAL RECORDS**

To further insure compliance with the "Health Insurance Portability and Accountability Act of 1996", River Radiology requests your written authorization to access health information from outside health care facilities.

I, \_\_\_\_\_ authorize \_\_\_\_\_  
(Patient name, please print) (Physician/Facility name)

to provide River Radiology, PLLC copies of my records \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(to include reports, films and/or my original mammograms) in connection with my care and treatment.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please honor this request and fax or send copies to:

River Radiology  
45 Pine Grove Ave.  
Kingston, N.Y. 12401

Phone: (845) 340-4500  
Fax: (845) 340-4501

**Thank you**