

THE UNIVERSITY OF KANSAS HOSPITAL



Radiology Imaging Center

Philip Johnson, M.D.
Professor and Chairman

AUTHORIZATION TO RELEASE KU HOSPITAL FILMS FOR CONTINUED HEALTHCARE

The privacy of your health information is protected by the Health Insurance Portability and Accountability Act (HIPAA). So that we may fulfill your request to loan KU Hospital films to other healthcare providers, please complete this form.

Today's Date: _____ MRN: _____

Unless otherwise specified in writing by the patient, this authorization will expire within one year of the date above.

Patient's Name (print): _____

Patient's Date of Birth: _____

Phone: _____ Date needed by: _____

For File Only Complete (Box Below) if Images are needed today

Films to be Sent / Hand Carried to (print):

Phone of Health Care Provider where images are going: _____

Exams needed (print): _____

I understand that my Personal Health Information will only be used as described in this authorization. I am also aware that if I choose to share the information defined in this authorization with anyone not directly involved in the use or disclosure described above, HIPAA will no longer protect this information. In addition, I understand that if my personal health information is disclosed to someone who is not required to comply with privacy protections under HIPAA, then such information might be re-disclosed and will no longer be protected.

PATIENT'S SIGNATURE:

Return Films to:
University of Kansas Hospital
Department of Radiology- RIC
2015 W. 39th St.
Kansas City, KS 66160

Email: RIC@kumc.edu
Phone: 913-588-6812
Fax: 913-588-6899