ValleyHealth
Winchester
Medical Center

"The patient who is the subject of these film records may revoke this authorization at any time."
I understand that if I revoke this authorization I must do so in writing and present my written revocation to the Medical Imaging Film Library Department

I hereby authorize the use or disclosure of my identifiable health information as described below. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. I understand that I may inspect or copy the information to be used or disclosed, as provided in CFR 164-524.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment.

Information about Release of Film Records

Patient charges for Radiology services are based on provision of *services* including performing the examination or procedure ordered by your physician or other licensed healthcare practitioner, and providing them with a report communicating the results of such examination or procedure. The "films" or diagnostic images produced in providing those services are the property of Winchester Medical Center because we are required by law to maintain those records for specific periods of time.

In accordance with Virginia law, radiological films (including copies on film or electronic media) are provided at no charge to the patient for the purposes of obtaining continuing medical care. Films provided for other purposes are subject to a charge of $10.00 per sheet or $8.00 per CD that includes one study, payable at the time the films are picked up or prior to their mailing. In order to maintain patient confidentiality, we do not mail films to patients' homes or other private addresses.

We reserve the right to obtain and verify the name of the physician or healthcare facility to which films are being taken for continuing medical care. If the patient is unable or unwilling to provide that information, or if the indicated physician or healthcare facility cannot verify that the patient's films are in fact requested for assessment or continuing care of the patient, the request will be deemed a "personal" request and subject to a charge of $10.00 per sheet of film or $8.00 per CD (each CD includes one study- $1.00 per each additional study on a CD). We also reserve the right to require payment for subsequent requests for the same films going to the same physician practice or healthcare facility.

Requests for films should be submitted *at least twenty-four hours in advance of the time they need to be picked up or mailed out* for scheduled appointments or referrals. We will make every reasonable attempt to provide films requested with less notice on an emergency basis, but substantial waiting time may be encountered in such cases.

Please be aware that you or your designated representative will need to provide a form of positive identification such as a driver's license or other form of identification when picking up films and that payment, if applicable, will be required prior to the films and/or CD's being released.

Patient Signature *(or legal representative)*	**Date**	**Social Security #**

*This authorization is good for 180 days after the above date.

If signed by Legal Representative, Relationship to patient	**Date**	**Social Security #**

Staff printing films/reports/CD	**Date**	**Staff member releasing**	**Date of Release**