RADIOLOGY ASSOCIATES of HARTFORD
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PATIENT REQUEST FOR ACCESS TO MEDICAL INFORMATION

Our Notice of Privacy Practices contains a section describing your rights under the law. Patients have the right to access, inspect, and/or copy protected health care information used to make decisions about them and to direct that an electronic copy be transmitted to a third party.

The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Patient Name:_____ Date of Birth: _____

Health Care Information requested:

☐ Breast Imaging (past 5 years) ☐ Ultrasound ☐ Bone Density

☐ CT Scan ☐ MRI ☐ Other

Do you wish to:

Have electronic copies transmitted to someone else? ☐ Yes ☐ No

Imaging Facility Name/Address/Phone: _____

If you wish to receive copies, please indicate how you would like to receive the copies:

☐ I will pick up the copies at a Radiology Associates of Hartford location:

☐ Avon ☐ Bloomfield ☐ Enfield ☐ Glastonbury ☐ Rocky Hill

☐ Please mail the copies to me at the following address:_____

_____

☐ I am requesting electronic copies of information. Please provide email address for HIPAA secure transmission. PRINTED EMAIL:_____

I understand that you may charge me a reasonable, cost-based fee (including copying charges, supply costs and postage, as applicable) and I have discussed this with you. I also understand that I will need to pay applicable fees before the records are provided to me.

If you wish to have electronic copies delivered to another person/entity, please identify the person/entity and provide the email address:

Name of Third-Party: _____

Email Address: _____

Note: The fees we may charge to send electronic records to third-parties are not subject to the same restrictions noted above.

Signature of Patient/Personal Representative: _____

This Request was signed by: _____

Printed Name – Patient or Representative

Date:_____ Representative's Authority to Sign for Patient: _____

(e.g., parent, guardian, conservator, or other legal representative)