



## RECORDS AUTHORIZATION FORM

Staff initials \_\_\_\_\_ Date \_\_\_\_\_ Date and time of pickup \_\_\_\_\_

Patient name \_\_\_\_\_ Date of birth \_\_\_\_\_ Date last seen \_\_\_\_\_

Account number \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Patient pickup  Physician pickup  Fax to # \_\_\_\_\_  Other \_\_\_\_\_

Delivery type:  USPS  UPS  Other \_\_\_\_\_

Request (check all that apply)  Report  Film  CD Charge for mailing/film/CD: \$ \_\_\_\_\_

I authorize WRA to **release**  Complete records  Exam(s) \_\_\_\_\_ to:

Name of Doctor/Hospital \_\_\_\_\_ Department \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

I am **requesting** \_\_\_\_\_

Physician or hospital from which you are requesting your records

Street address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

To release my previous imaging studies (**including films or CDs**), \_\_\_\_\_ and a copy of the results to the WRA location listed below.

- 2141 K St NW, #900, Washington, DC 20037, (202) 223-9723
- 2021 K St NW, #T-120, Washington, DC 20006, (202) 466-2033
- 3022 Williams Dr, #200, Fairfax, VA 22031, (703) 698-8800
- 21351 Ridgeway Cir, #100, Sterling, VA 20166, (571) 434-0140
- 10215 Fernwood Rd, #103, Bethesda, MD 20817, (301) 564-1053
- 4445 Willard Ave, #200, Chevy Chase, MD 20815, (301) 654-4242
- 12505 Park Potomac Ave, #120, Potomac, MD 20854, (240) 223-4700

Prepared by (employee initials) \_\_\_\_\_ Logged out \_\_\_\_\_ Date \_\_\_\_\_

Exam date	Exam type	# films/CD

Exam date	Exam type	# films/CD

I understand I have the right to revoke this authorization, in writing, at any time by sending such written notification to WRA at 3015 Williams Drive, #200, Fairfax, VA 22031. I understand that a revocation is not effective for prior disclosures of protected health information made with the authorization. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

- I am borrowing original films. I understand that by signing them out from WRA I am responsible for them.
- I have received copies of the films/CDs. **They do not need to be returned to WRA.** I realize there is no charge for the initial set of films/CD or combination of both; the fee for an additional CD is \$20 and the fee for additional films is \$25 per case.

Patient signature (or person taking films if not the patient) \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_