



# UNIVERSITY RADIOLOGY

WELCOME TO A DIFFERENT WAY OF DOING THINGS IN RADIOLOGY

## Authorization Form

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Assumption of Responsibility:** I agree that in consideration of services to be rendered, I obligate myself, assume financial responsibility and agree to pay upon demand to URTC all charges for such services and incidentals incurred. Even though insurance may be filed, I understand that all bills are payable upon receipt and that I and not the insurance company, am responsible for payment of all services.

**Assignments of Insurance Benefits:** I hereby assign direct payment of medical insurance benefits including Medicare, Medigap, major medical benefits, insurance disability benefits or injury benefits payable because of liability of a third party or organization, and so forth, payable to or for the above said patient until account is paid in full.

**Acknowledgement of Privacy Notice:** I acknowledge receiving today a copy of URTC notice of privacy policy. I consent to URTC use of protected health information as described in the notice for treatment, payment, or health care options. I understand that I must provide a separate authorization before any other disclosures may be made.

By signing below I acknowledge the above and I understand my rights and have the right to revoke this permission as described in the notice or Privacy Practices given to me by URTC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Physician Office Medical Records Release:** I hereby authorize University Radiology at Turkey Creek to release any information in my chart to any medical practitioner, doctor, hospital, medical institution to whom I may be referred to assist with my care. Additionally, I authorize any request for medical information from any medical practitioner, doctor, hospital, medical institution to assist in my care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Persons Authorized for the Release of My Medical Records:** I hereby authorize University Radiology at Turkey Creek to release any information in my chart to the following people:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_