



CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR HEALTHCARE OPERATIONS

I understand that as part of my health and medical care, Vantage Diagnostic Imaging originates and maintains medical and health records describing my health, symptoms, examination and test results, diagnosis, treatment, and any plans for future care or treatment. I further understand that this information serves as:

- >A basis for planning my care and treatment.
>A means of communication among the health professionals who contribute to my care.
>A source of information for applying diagnosis and treatment information to my bill.
>A means for a third party payer to verify that services were billed as actually provided.
>A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I further understand and agree that this agreement to release information shall apply to all information accumulated up to this date and to all information acquired in the future. This agreement to release future information shall remain in force until such time as I shall revoke it in writing.

I understand and have been provided with a PATIENT PRIVACY NOTICE that provides a more complete description of information uses and disclosures. I understand that I have the right to review the PATIENT PRIVACY NOTICE prior to signing this consent. I understand that Vantage Diagnostic Imaging reserves the right to change their notice and practices, but that prior to implementation will mail a copy of any revised notice to the address I have provided. I understand that I must revoke this consent in writing, except to the extent the organization has already taken action in reliance thereon. I understand that medical records will be released to physicians who request copies of reports and/or images on my behalf.

By Oklahoma law we are required to notify you that the information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to diseases such as hepatitis, gonorrhoea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

In addition to the releases outlined above, information may be released to the following individuals/organizations for the indicated purpose:

Blank lines for listing individuals/organizations and purposes.

I request the following restrictions to the use of my healthcare information:

Blank lines for specifying restrictions on healthcare information use.

Patient Signature

Date

INTERNAL USE ONLY

RECORD RELEASE

Print Name

Signature

Date