Longhorn Imaging
512-444-8900
512-444-7244
www.longhornimaging.com

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

Our Pledge

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at every visit. We need this record to provide you with quality care and to comply with certain legal requirements.

Use and Disclosure of Your Health Information

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below without your specific written authorization.

- Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.
- Appointment Reminders: We may use and disclose medical information for purposes of sending you appointment postcards or otherwise reminding you of your appointments.
- For Health Care Operations: We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.
- Payment: We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.
- Workers Compensation: We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

Disclaimer: Your imaging reports will automatically be sent to the referring physician for your scheduled appointments. If you wish to send your records to other physicians you may provide this information at the time of your appointment or contact our medical records department at anytime.

Acknowledgements

By signing this form, I, _____, or their parent/legal representative, acknowledge that you have reviewed and understand the information listed above and have been given a reasonable opportunity to review it and ask questions.

Additionally, the following individual(s), if any listed below, may request my medical information on my behalf until otherwise revoked by myself.

Name: _____ Relation: _____

Name: _____ Relation: _____

Emergency Contact

I authorize Longhorn Imaging to contact the individual listed above in the event of a medical emergency or if I am unable to communicate regarding my care while at the facility.

Emergency Contact Name: _____ Relation: _____

Primary Phone Number: _____ Alternate Phone Number (Optional): _____

Patient Initials : _____

_____ _____

Signature Date

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TELEPHONE CONSUMER PROTECTION

I _____agree to receive pre-recorded/ artificial voice messages calls and/or use of an automatic dialing device, text messages and/or emails from Longhorn Imaging Center, our partners, subcontractors, or any and all other companies that we may have to transfer your account to, including collection agencies, at any telephone number or email address that you at any time provide us or that we have otherwise obtained, which could result in charges to you. We may place such calls, texts or emails to (i) notify you regarding upcoming appointments; (ii) notify you of results; (iii) troubleshoot problems with your account (iv) resolve a dispute; (v) collect a debt ; or (vI) as otherwise necessary to service your account or enforce this admissions agreement, our policies, applicable law, or any other agreement we may have with you.

The ways in which you may provide us a telephone number or email address include, but are not limited to, providing the information at account opening, adding the information to your account at a later time, providing it to one of our employees, providing it to our partners, subcontractors, or any and all other companies that we may have to transfer your account to, or by contacting us or our partners, subcontractors, or any and all other companies that we may have to transfer your account to from that phone number or email address. If a telephone number provided to us is a mobile telephone number, you consent to receive SMS or text messages at that number. Standard telephone minute and text charges may apply if we contact you. You may revoke this express consent at any time by calling us at: 512-444-8900.

_____ _____

Patient / Parent or Guardian Signature Date