



345 Seaview Avenue Staten Island, NY 10305  
Phone: (718) 980-4888 Fax: (718) 980-4873

**ATLANTIC RADIOLOGIC IMAGING AUTHORIZATION TO OBTAIN MEDICAL RECORDS**

To further insure compliance with the "Health Insurance Portability and Accountability Act of 1996", Atlantic Radiologic Imaging requests your written authorization to access health information from outside health care facilities.

I, \_\_\_\_\_ authorize \_\_\_\_\_  
*(Patient name, please print)* *(Physician/Facility name)*

to provide Atlantic Radiologic Imaging copies of my records \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(to include reports, films and/or my original MRI's) in connection with my care and treatment.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please honor this request and fax or send copies to:

Atlantic Radiologic Imaging  
345 Seaview Avenue  
Staten Island, NY 10305

Phone: (718) 980-4888  
Fax: (845) 980-4873

*Thank you*