

JEFFERSON RADIOLOGY

COMPASS MEDICAL via JEFFERSON RADIOLOGY BREAST IMAGING RELEASE FORM & Jefferson Radiology Breast Imaging Release Form to non-Atrius Health facility or patient

☐ I have had breast imaging – Mammogram, Breast Ultrasound and/or a Breast MRI at the following imaging facility:

IMAGING FACILITY _____
(Name)

Address _____

☐ I am unsure of the imaging facility or location. My current health care provider is: _____

☐ My records may be under a different name: _____

This authorization is voluntary. This authorization is a one-time allowance for Jefferson Radiology to release my images that were performed at Compass Medical. This is not a guarantee that my images or reports will be available since these are Compass Medical's medical records and Jefferson Radiology did not archive Compass's records.

I understand that the information released pursuant to this authorization may no longer be protected by law or regulation and may be re-disclosed by the recipient.

AUTHORIZATION

PATIENT NAME (print): _____ DOB: _____

PATIENT SIGNATURE: _____ DATE: _____

Please forward an unencrypted DICOM CD along with the corresponding reports for all BREAST IMAGING that may remain on file (5-year max) – MAMMOGRAMS, BREAST ULTRASOUNDS, BREAST MRIs. (Note: Images may not be available)

Please send the **image (including report) share** request to **email**

imagerequest@atriushealth.org

If hardcopies, please mail the image/report to:

Atrius Health
Diagnostic Testing Center—First Floor
133 Brookline Ave
Boston, MA 02215