

# 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.

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### 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](mailto:imagerequest@atriushealth.org)

If hardcopies, please mail the image/report to:

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