



Children's Hospital Boston

Authorization for Release of Radiology Images

To request release of radiology films/images please complete and sign this form and return it to:

Image Service Center
Children's Hospital Boston
300 Longwood Avenue
Boston MA 02115

You may submit this form by Fax to: 617-730-0538
If you need help completing this form, please contact the
Image Service Center at 617- 355-6283.
Picture I.D. required when picking up films/images.

Patient Information

Last Name First Name MI
Street Address Apt.
City State Zip
Children's MR# Home Telephone
Date of Birth Alternate Telephone

Children's Hospital Boston has my permission to release information contained in the Image Service Center on the above named patient.

Information Requested (please be specific and enter the date of service if known):

Information Requested (please be specific and enter the date of service if known):

Restriction and/or Exclusion (if any):

Purpose of Release:

Children's Hospital Boston will provide the information requested above to the following party:

Name
Attention of Telephone
Street Address Suite/Room
City State Zip

I hereby authorize Children's Hospital Boston (Children's) to release any radiology information as requested above. This includes films/images or other protected information unless otherwise excluded. I understand that Children's cannot control how the recipient uses or shares the information and that laws protecting it at Children's may or may not protect this information once it has been disclosed to the recipient.

Information will not be released without a valid signature below. This authorization will expire in 90 days from the signature date. I can, however, cancel this authorization in writing at any time, except to the extent that Children's has relied upon it. For example, if I cancel the request after Children's has sent requested records, Children's will not retrieve those records. Instructions for canceling this authorization are included in the Children's Notice of Privacy Practices. I understand that Children's will continue to provide care, even if I do not authorize this release.

Patient signature is required for patients who are 18 years or older, or who have emancipated minor status, or special condition as defined by law. Parent or legal guardian signature is required for patients under age 18 without emancipated status or a special condition.

Signature of Patient Date

Signature of Parent or Guardian Relationship to Patient Date

Please make a copy of this release for your records.