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CT Scans * Full Body Ultrasound * Bone Density (DEXA) Scans * Breast Imaging

HIPPA Release Form for a Pts Friends-Family.docx

Authorization for KBC to Release Your Information to Approved Individuals

MRN: _____

Please fill out the *Italicized* portions, so we can share your information **ONLY** with people you approve on this Form.

Your Full Name (First, Middle, Last): _____

Date of Birth: _____

Release of Information

☐ I authorize the release of information including diagnosis, records, exams rendered to me and my insurance claims information. This information may be released to any clinicians/physician offices related to my treatment as well as the following individuals:

- ☐ 1. _____ Relation: _____
- ☐ 2. _____ Relation: _____
- ☐ 3. _____ Relation: _____
- ☐ 4. _____ Relation: _____

Signature: _____ Date: _____

Please deliver signed form to: one of our clinics or FAX to 606-678-8368, so that KBC Staff can put this signed form in your chart under Medical Records Releases.

Locations:

100 Sarahs Ln, Somerset, KY 42503
38 Dr. Joe T. Petty Dr., Russell Springs, KY 42642

www.SomersetFamilyImaging.com
www.KentuckyBreastCare.com