Andrea Woodroof, M.D.
Phone: 606-219-4184
Fax: 606-678-8368

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. If applicable: I also authorize Kentucky Breast Care staff to leave a detailed message on my voicemail regarding "out of pocket" costs (Patient Responsibility) that may be due prior to my appointment, and I understand that KBC/SFI is attempting to keep me informed before receiving medical services.

Any clinical information may also 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.