CAPITAL WOMEN'S CARE

8171 Maple Lawn Boulevard,
Suite 100
Fulton, MD 20759
Voice: 410·531·7557
Fax: 410·531·0818
www.cwchowardcounty.com

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____Date of Birth: _____

Previous Name: _____

I request and authorize

- ☐ RadNet, Inc. (American Radiology Services, Advanced Radiology, Community Radiology Associates and Clinical Radiologists Medical Imaging)
- ☐ Johns Hopkins Radiology
- ☐ Washington Radiology
- ☐ Laurel Radiology Services (Van Dusen Road)
- ☐ Laurel Diagnostic Imaging (Mallard Road)
- ☐ _____

to release healthcare information of the patient named above to:

Capital Women's Care Howard County
8171 Maple Lawn Blvd., Suite 100
Fulton, MD 20759

for use by Capital Women's Care and St. Agnes Radiology staff and providers.

This request and authorization applies to:

Healthcare information relating to all **mammographic images, breast ultrasound, breast MRI, CD's, and reports.**

Patient Signature: _____ Date: _____

Confidentiality Notice:
The text above and any documents accompanying this contain confidential information that is legally privileged. This information is intended only for the use by the direct addressee(s) of the original sender. If you are not the intended recipient of the original sender, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the information is strictly prohibited.