

**Avice M. O'Connell, M.D.**  
Director of Women's Imaging

**Laurie W. Ernest, M.S., R.N.C., C.N.P.**  
Director of Ambulatory Services

**Radha R. Iyer, M.D.**

**Rachel A. Powell, RPA-C**  
Physicians Assistant

**Kristina A. Siddall, M.D.**

**Authorization for Release of X-Ray Films**

I, \_\_\_\_\_ authorize  
(Patient Name - Please Print)

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

\_\_\_\_\_ To permanently transfer all original mammography films and reports  
according to the interim and final MQSA guidelines.

\_\_\_\_\_ To temporarily transfer all original mammography films and reports  
according to the interim and final MSQA guidelines.

To: Highland Breast Imaging  
500 Red Creek Dr  
Suite 130  
Rochester, NY 14623

Patient's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_

I release the Highland Breast Imaging Center from all legal liability that may arise from release of the information requested.

Signature of Patient (or Guardian): \_\_\_\_\_

Relationship (if not patient): \_\_\_\_\_

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

CMC Radiology/MR #: \_\_\_\_\_

MQSA states on page 27 of the small entity compliance guide 900-12©(4) that "upon the request by, or on behalf of the patient, facilities must permanently or temporarily transfer the original mammograms and copies of the patient's reports to a medical institution, the patient's healthcare provider, or the patient directly."

If you are unable to honor this request, please call the film department at Highland Breast Imaging (585) 487-3300 ext. 3  
Thank You