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Director of Women's Imaging

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Director of Ambulatory Services

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

**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

**Highland Hospital**

500 Red Creek Dr • Rochester, New York 14623 • Phone: (585) 487-3300 • Fax: (585) 334-5519