



IMAGECARE CENTERS

1.2T Open MRI • 1.5T Extremity MRI • 1.5T Short/Wide Bore MRI • MR/CT Angiography • Arthrograms
CT Scan • Ultrasound • X-Ray • 3D Mammography • Bone Density • Dental Scan

PATIENT CONSENT FORM

The Department of Health and Human Services has established a “Privacy Rule” to help insure that personal information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain healthcare providers to obtain their patients’ consent for uses and disclosures of Health Information about the patient to carry out treatment, payment or healthcare operations.

As our patient, we want you to know that we respect the privacy of your personal medical information, and we will do all we can to secure and protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of our healthcare information about treatment, payment or healthcare operations, in order to provide healthcare that is in your best interest.

We also want you to know that we support you full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients) and may have to disclose personal health information for the purpose of treatment, patient or healthcare operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent to this document, at some future time you may request to refuse all or part of your PHI. You may revoke actions that have already been taken which relied on this or a previously signed consent.

You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Patient Signature: _____ **Date:** _____