



MASSACHUSETTS GENERAL HOSPITAL

IMAGING

Image Service Center

55 Fruit Street – Blake Sub-basement 0029A

Boston, MA 02114

Telephone: (617) 726-1798

Fax: (617) 724-0264

Authorization for Release of Medical Images

Patient Name: _____
(print please)

Medical Record #: _____

I hereby authorize Massachusetts General Hospital to furnish medical images from my image file.

For Release of CDs:

Digital images on CD should not be returned. NOTE: *I understand that if there are mammography images on this CD, they are not intended for finalized interpretation unless viewed by a Radiologist on an FDA approved monitor. If this CD contains Tomosynthesis images they can only be viewed on a licensed Tomosynthesis device.*

For Release of Films:

Digital images on film should not be returned. They can be identified by the "Copy" sticker affixed to the folder. Original images on film will have no sticker present and will need to be returned. NOTE: *I understand that the medical images provided on film to be released are originals and that **no copies may exist.** I will undertake to have these original medical images returned to the MGH within 30 days. **MGH requires the prompt return of these films in order to keep accurate records to enable clinicians to provide you with the best patient care possible and to comply with state and federal legal requirements.** I understand that even if I no longer will be seeking care through this institution, the originals must still be kept at this facility and are available upon request whenever I may need them. I hereby release Massachusetts General Hospital, its agents and employees from any and all liability that may arise from the release of the requested medical images due to my or a Third Party's failure to return the medical images.*

I understand this policy as it has been explained to me.

I acknowledge receiving _____ CDs, _____ Digital Film Copies, _____ ORIGINAL Films.

Thank you in advance for handling these images with care and, if you are borrowing original films, for returning them to the Massachusetts General Hospital Image Service Center.

Date

Patient Signature or Signature of Presenter (if not Patient)

ISR Initials

Relationship of Presenter

☐ Presenter's ID Photocopied



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

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