



## Instructions for the **Authorization for Release of Medical Records** form

1. Check mark the appropriate box for the type of records requested.
2. **Patient Information**: *Name*, *DOB* and daytime *phone number* is required.
3. **Exam Information**: *Type* and *date* of the exam, the medical record number and/or accession number (*MRN* and/or *ACC*) should be filled in if known.
4. **Destination of Medical Records**: The address should be that of the recipient of the medical records. For example, if requesting medical records for personal copies, the address listed should be that of the patient. If you are picking up films to take to a physician, the physician's address should be filled in.
5. **Signature Authorization**: The recipient's *Driver's License* must be provided (a photocopy of the driver's license will be obtained before the release of medical records). Both *Effective date* and *Expiration date* must be filled in, along with the *patient signature* and/or the *signature of the patient's legal representative*.

### **Authorization should be mailed or faxed to:**

#### **ARA Image Library**

3301 West Ave.  
Austin, TX 78705

#### **Attn: Outside Request Team**

**Fax numbers (512) 837-9738 or (512) 837-2105.**

**The Image Library's hours of operation are 7am to 7pm Monday-Friday.**

**If you have any questions, please call (512) 719-8230, and a representative will be happy to assist you.**