



Pureform &
PURE kids
RADIOLOGY

Consent to Disclose Personal or Health Information Form

Pureform and PureKids Radiology values your privacy. All patient information and records are protected in accordance with applicable regulatory requirements and legislation, including Alberta's *Health Information Act* and *Personal Information Protection Act*. All patients are required to provide explicit consent to disclose personal or health information prior to their release.

I, _____ authorize Pureform Diagnostic Imaging Clinics to release a copy of my images and / or reports to the intended recipient(s) listed below. I understand why I have been asked to disclose and release my individually identifying information, and I am aware of the risks and benefits of consenting, or refusing to consent, to disclose this information. I also understand that I may revoke this consent at any time in writing.

Authorizing Release of: _____

Authorizing Release to: _____

Pureform Staff Initials: _____

Signature: _____

Name: _____
(First) (Last)

Date: _____



X-Ray
Ultrasound
Mammography
Bone Density