



Radiology Associates of Venice and Englewood

Records Request for Continuum of Care

Patient Name: _____ DOB: _____ MRN#: _____

Release records **FROM:**
(The following information is required)

Facility Name: _____

Facility Address: _____

Facility Phone #: _____

Facility Fax #: _____

Send records **TO:**

Radiology Associates of Venice & Englewood
Attn: Medical Records
512 Nokomis Avenue South
Venice, FL 34282
Phone#: 941-488-7781
Fax#: 941-488-0791

Imaging Studies & Corresponding Reports Requested:

Breast (ALL, entire breast imaging history) Abdomen/Pelvis Chest Head/Brain

Comments:

The U.S. Health and Human Services Mammography Compliance Act of 1992 requires mammography providers to permanently transfer original films/CD and reports upon request on behalf of the patient.

Radiology Associates of Venice and Englewood (RAVE) is NOT required to obtain the patient's authorization to receive medical records for continuum of care purposes based on the HIPAA Privacy Rule title IV CFR 164.512 and CFR 164.520 law. RAVE understands responsibility for the proper use and confidentiality of the health care information required, such as treatment records, testing, and result information.