



95 Crystal Run Road  
Middletown, NY 10941  
845-703-6999

61 Emerald Place  
Rock Hill, NY 12775  
845-794-6999

855 Route 17M  
Monroe, NY  
845-615-6999

1200 Route 300  
Newburgh, NY  
845-725-0100

81 Ronald Reagan Blvd.  
Warwick, NY  
845-986-5123

**Medical Release Authorization if not done at Crystal Run Healthcare**

I hereby authorize \_\_\_\_\_

(Name of facility where last mammogram was done)

to release any information pertaining to Mammograms or breast ultrasounds, including but not limited to, records, images (CD preferred), diagnosis and reports from the past \_\_\_\_\_ months/year, To:

*Crystal Run Healthcare*

*61 Emerald Place*

*Rock Hill, NY 12775*

*P. 845.796.5472*

*F. 845.796.5493*

OR

*Crystal Run Healthcare*

*155 Crystal Run Road*

*Middletown, NY 10941*

*P. 845.703.6182*

*F. 845.703.2023*

**Patient:**

Patient Name (print) \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

**Prior mammogram return:** *[Please check preference]*

*After comparison of prior mammogram, CRHC should:*

*Return to facility*

*Return to patient*

*Keep in CRHC file*

**Call back authorization**

It is sometimes necessary for a patient to be called back for additional imaging (extra mammo views and/or breast ultrasound studies). This does not necessarily mean that a problem has been detected, but that additional images are needed to complete the exam.

If we cannot reach you by phone directly, do we have your permission to leave a message on your answering machine regarding the needed call back? Under current HIPAA regulations, we are not allowed to leave a detailed message unless we have your permission.    Yes    No

Home number \_\_\_\_\_

Cell number \_\_\_\_\_

**Patient:**

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_