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CT Scans * Full Body Ultrasound * Bone Density (DEXA) Scans * Breast Imaging

3-KBC Privacy Practices and HIPPA Release Form for a Pts Friends-Family

Authorization for KBC to Release Your Information

MRN: _____

Please fill out the *Italicized* portions, so we can share your information **ONLY** with people you approve on this Form.

Your Full Name (First, Middle, Last): _____

Date of Birth: _____

Notice of Privacy Practice (HIPPA Disclosure on KBC Communication Methods)

I hereby consent to provide my telephone number (s), so that representatives from the facility, its successors can contact me in any matter including but not limited to by manually placing call and/or leaving a voicemail, by using an automatic telephone dialing system or an artificial or prerecorded voice, by text, or by email, regarding any matter, including but not limited to my medical treatment, prescriptions, insurance eligibility, insurance coverage, scheduling, billing, or collection matters.

Release of Information

I authorize the release of information including diagnosis, records, exams rendered to me and my insurance claims information. If applicable: I also authorize Kentucky Breast Care staff to leave a detailed message on my voicemail regarding "out of pocket" costs (Patient Responsibility) that may be due prior to my appointment, and I understand that KBC/SFI is attempting to keep me informed before receiving medical services.

Any clinical information may also be released to any clinicians/physician offices related to my treatment as well as (optional) the following individuals:

- 1. _____ Relation: _____
- 2. _____ Relation: _____
- 3. _____ Relation: _____
- 4. _____ Relation: _____

Signature: _____ Date: _____

Patient: Please deliver signed form to: one of our clinics or FAX to 606-678-8368, so that KBC Staff can put this signed form in your chart.

Locations:

100 Sarahs Ln, Somerset, KY 42503
38 Dr. Joe T. Pettey Dr., Russell Springs, KY 42642

www.SomersetFamilyImaging.com
www.KentuckyBreastCare.com