

(Place MR Label Here)  
MR#:  
Patient's Name:  
Patient's Date of Birth:



### Patient Request for Copies of Radiology Imaging

**Proper identification is required when picking up patient records**

1. I, \_\_\_\_\_, hereby request imaging copies of:  
(Patient or the Patient's Legal Representative)

Patient Name: \_\_\_\_\_ Medical Record No.(if known): \_\_\_\_\_

Date of Birth and/or Social Security: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

2. I hereby direct UAMS to release the information requested to:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

3. Information is to be limited to the following **Dates of Treatment** (if dates unknown, the most recent images will be provided).

*Please list Date of Service and Exam Type (ex: CT, MRI, X-Ray) requested.*

Date: \_\_\_\_\_ Exam: \_\_\_\_\_

Date: \_\_\_\_\_ Exam: \_\_\_\_\_

Date: \_\_\_\_\_ Exam: \_\_\_\_\_

4. Please select method of delivery (Mail or pick up at UAMS).

- I will pick up at UAMS\*\*
- Mail to address listed above

*\*\*If you would like to be notified when your image copies are ready for pickup, please add Email below:*

**Notification E-mail:** \_\_\_\_\_

**Copies of images are typically provided in unencrypted CD/DVD format only.** UAMS Imaging Services cannot produce film-based images and it is not feasible to email images due to their size. If this CD/DVD format does not meet your needs, please call 501-603-1152.

**Warning and Assumption of Risks:** UAMS does not guarantee information stored or maintained on an unencrypted CD/DVD is secure or protected. There are security risks associated with maintaining information on an unencrypted CD/DVD, including, but not limited to, an unauthorized person or entity accessing or using the information. I understand that the CD/DVD containing my images is not encrypted, and I acknowledge I have been warned of and accept such risks.

5. The UAMS Imaging Department will provide **initial copy/copies of UAMS patient imaging** records on CD/DVD as a courtesy. I acknowledge the following fee schedule and agree to pay the copying cost, including other expenses allowed by law, such as the cost of any supplies, labor of copying, postage, or other expense incurred by UAMS to provide additional copies requested. Requests for **additional or extra copy/copies** will require a flat fee of \$6.50 per copy request. Applicable postage included.

6. In the case of requested copies of uploaded Images **from Outside Providers/Facilities** on file with UAMS, the cost is \$6.50 per copy request. Applicable postage included. UAMS does not represent that these records are the complete records of the other providers. ( If you want a complete copy of the records created by Outside Providers/Facilities for this patient, you may wish to contact each Provider/Facility.)



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### Patient Request for Copies of Radiology Imaging (*continued*)

7. I understand that if the records requested to be released include photographs, videos or other images, and/or information relating to **sexually transmitted disease, AIDS or HIV, alcohol or drug abuse, or mental health information**, including records from the UAMS Psychiatric Research Institute, this information may be released pursuant to this request.

Signature of Patient \_\_\_\_\_  
or Legal Representative \_\_\_\_\_ Date/Time: \_\_\_\_\_

If **Legal Representative**, authority of Legal Representative \_\_\_\_\_

(Such as parent of minor, court-appointed guardian, administrator of estate of deceased, attorney-in-fact appointed with power of attorney, or health care proxy)

**UAMS PACS (Imaging) Office**  
**4301 W Markham, Slot 556**  
**Little Rock, AR 72205**  
**Phone: 501-603-1152 or 501-526-0369**  
**Fax: 501-686-8823**

*For UAMS medical records other than imaging, please contact:*  
*Medical Records: Phone-(501)603-1520. Fax-(501)686-8361.*  
*Billing Records: Phone-(501)614-2160 or (800)422-3963.*

