

North Fork Radiology, P.C.
1333 Roanoke Avenue
Riverhead, New York 11901
631/727-2755

Permanent Release of Medical Records

I request that my medical records be permanently released to me, as I will no longer be obtaining medical services from North Fork Radiology P.C. As such, I fully understand that I am solely responsible for these records and I release North Fork Radiology, P.C., its Radiologists and its employees from any legal actions concerning the safe guard of these records. I am fully aware that once my medical records have been released to me that North Fork Radiology, P.C. will no longer warehouse my original records and they will not keep copies of my original records. (Patient Signature_____)

The following original studies were released to:

Patient Name	Date of Birth	Account Number

Date of Study	Type of Study	Number of Films	Patient Initials

Reason for Release_____

Patient Signature_____Date_____

Signature of NFR Employee_____Date_____