PET/CT
Imaging of North Texas

Release of Medical Information

I _____ do hereby authorize the release of all medical information to NTCC/PET/CT Imaging of North Texas to better manage my healthcare. This may include, but is not limited to, pathology reports, lab reports, prior imaging reports and images, and physician reports.

I further authorize the following persons to be involved with and receive information pertaining to my medical care:

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Acknowledgement of Receipt of Notice of Privacy Practices

I have reviewed the office's Notice of Privacy Practices which explains how my medical information will be used, disclosed and protected. I understand that I am entitled to receive a copy of these practices if requested.

_____ **Date** _____

Signature of patient/Auth rep/Responsible party

_____ **Relationship** _____

Printed Name

5948 W. Parker Road, Suite 200, Plano, Texas 75093 O 469-259-9822 info@petctimagingntx.com