

**STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Information to be Used or Disclosed

The information covered by this authorization includes:

**Heart Scan, Heart & Lung Scan, Lung Scan, Full Body Scan, Virtual Colonoscopy,
PET Scan, CT/Contrast, Cholesterol Check, VAP Blood Testing**

Persons Authorized to Use or Disclose information

Information listed above will be used or disclosed by:

OC Vital Imaging

Name of person or organization

Persons to Whom Information May Be Disclosed

Information described above may be disclosed to:

Name of person or organization

Name of person or organization

Expiration Date of Authorization

This authorization is effective through ____/____/____ unless revoked or terminated by the patient or the patient's personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to **OC Vital Imaging**. You should contact the **OC Vital Imaging HIPAA Privacy Officer** to terminate this authorization, @ 1120 W. La Veta Ave Ste #150 Orange, Ca 92868.

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

Signature

Name of patient (Print or type)

Signature of Patient

Date

Signature of Patient Representative

Relationship of Patient Representative to Patient