

(Office use)

AMBRA MEDICAL RECORDS RELEASE FORM

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI) & MEDICAL RECORDS

(Please print clearly)

Patient Name: _____ DOB: _____ Date: _____

Address: _____

Phone #: _____

By signing this release form below, you will allow us to have consent on file to provide records to you now and in the future for this date ONLY.

Medical Records Release:

I hereby authorize Weill Cornell Imaging at NewYork-Presbyterian (WCINYP) to release the following Protected Health Information (PHI)* upon request, to a health care provider, my referring physician, or myself for up to future up to one (1) year from the Date of Service.

*PHI: Protected Health Information is any information pertaining to health status, provision of health care, or payment for health care that can be linked to a specific individual. This may include any part of a patient's medical record or payment history.

By signing this document, I understand that:

1. I may inspect or receive a copy of the Protected Health Information described by this Authorization.
2. This Authorization is voluntary and I have the right to refuse to sign it.
3. I may revoke this Authorization at any time by providing a written notice of revocation as specified by the Notice of Privacy Practice. Such revocation would not affect any action taken by WCINYP in reliance to this Authorization before receipt of my written revocation.
4. This Authorization will expire on ____/____/____ (fill-in if less than 1 year) or 1 year after being signed.

X _____
Signature of Patient or Personal Representative *Print name if representative* *Relationship to patient* *Date*

AMBRA

We are proud to introduce **Ambra**, our NEW online imaging sharing platform that allows patients and physicians to access reports and view images online. This platform will allow you to share your images and reports via email with any physician or person you choose. If you would like to receive your results via Ambra, **you must provide an email address below**. Once we have your email address, you will receive an email with your pin to access your records online. You will also receive the pin via text by providing your cell phone number.

Please NOTE this is separate from Weill Cornell Connect. This platform is for imaging only.

NEW AMBRA USERS:

Email address: _____

Cell# _____

EXISTING AMBRA USERS;
If your email address has changed please provide the new one below:

Email address: _____

FOR OFFICE USE ONLY:

Request Filled by: _____
Name (Print): _____

CWID: _____ **Date:** _____

ACCESSION# _____

Additional Notes: