

CAHABA VALLEY IMAGING

201 RACQUET CLUB LANE

PELHAM, AL 35124

(205) 620-3830

Due to the HIPAA (Health Insurance Portability and Accountability Act) laws, we are required to have on file anyone in your family/friends whom you authorize us to give your medical record information if needed. If you don't want anyone to have this information besides you and your doctor, please put none. Otherwise, please list in the space provided. We **WILL NOT** give out any of your information, unless requested by you, to the people listed below. Thank you for choosing Cahaba Valley Imaging for your radiological needs.

Patient Name: _____

Patient Date of Birth: _____

Patient Social Security Number: _____

(Name) (Relationship)

(Name) (Relationship)

(Name) (Relationship)

X _____

Signature of Patient or Legal Guardian Date