VIHA Policy and Procedure Patient Consent to view PACS

Patient Consent For clinical Review of Medical Images and Imaging Reports

I, _____ give consent for

Patient Name - Printed

_____of_____

Physician, Chiropractor, Physiotherapist etc. Office, Facility or corporation

To view the specified Images and Reports listed below:

_____

_____

_____

_____

_____

Exam Eg: Lumbar spine, X-ray taken at Eg: VIHA Facility.

_____

Signed

_____

Date Home Phone #

_____

Birthdate Home address

Requesting facility must retain this consent and present when requested to the Vancouver Island Health Authority Medical Imaging Department PACS Administrator.

Consent to view Images or reports of legal minors should also include their signature also. Minors do have the right to refuse access to their Images and reports.

Information accessed through this consent, may not be shared with other parties unless checked √ below and Initial:

Insurance Provider ○ Worksafe BC ○ Law Firm or Lawyer ○

_____ _____ _____

Initial Initial Initial