



THE AMERICAN REGISTRY
OF RADIOLOGIC
TECHNOLOGISTS®

AUTHORIZATION, WAIVER AND RELEASE FOR LEGAL COUNSEL

INSTRUCTIONS

1. Print this document.
2. Legibly print the attorney's name and firm name on the blank line within the Authorization, Waiver, and Release form.
3. Sign, print your legal name, and date the form.
4. To Fax this form, please complete the fax cover sheet. Be sure to include the required contact information for your attorney/legal counsel. Fax the cover sheet and signed form to: ARRT's Records Department at 651.681.3297 **or** Ethics Requirements Department at 651.687.0449.
5. To Mail this form, please send to ARRT, attention: Records Department **or** Ethics Requirements Department at 1255 Northland Drive, St. Paul, MN 55120.



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As an inducement to The American Registry of Radiologic Technologists (ARRT) and its Trustees, officers, employees, representatives and agents, and each and all of them (collectively, its “agents”) to provide information about me freely, fully, and openly to

_____, I hereby request and authorize the ARRT and each of its agents (1) to provide full information (including, without limitation, facts, medical records, correspondence, opinions, and impressions, both oral and written) concerning me and my interactions with the ARRT, including information regarding my education, training, employment, professional and academic performance, any disciplinary matters, my personal and medical history (specifically including, without limitation, my medical, employment, or other records in ARRT’s possession regarding any actual or recommended treatment or counseling for chemical dependency or substance abuse), and my personal characteristics; and (2) I agree to waive and release, indemnify, and hold harmless ARRT and each and all of its agents who provide any such information concerning me from, against, and with respect to any and all claims, losses, expenses, damages, liabilities, and judgments of any and every kind or nature whatsoever that arise, or are alleged to have arisen, from, out of, with respect to, or in connection with the provision of any such information about me. I understand that my obligations under Clause (2) of the preceding sentence are continuing in nature and cannot be terminated, cancelled, or revoked.

Notwithstanding the broad scope of the authorization in Clause (1), I understand and agree that in no event will the ARRT release any of my examination papers, Structured Self-Assessment materials, or any questions or answers on any examination or Structured Self-Assessments administered by the ARRT, nor will it release any references it may have received from third parties.

I understand and agree that this AUTHORIZATION, WAIVER, AND RELEASE may be revoked by me at any time; provided, however, that such notice of revocation shall be in writing and sent to the ARRT by registered United States mail, return receipt requested; and provided further that such revocation shall not affect my obligations under Clause (2) of the first paragraph nor apply to any disclosure made pursuant to Clause (1) of the first paragraph by the ARRT or any of its agents prior to the receipt of the notice of revocation.

This AUTHORIZATION, WAIVER, AND RELEASE may be signed by me in multiple counterparts, and, if it is, each such counterpart shall constitute a signed original. My signature on a carbon copy facsimile copy, scanned copy, pdf file, or other reproduction of this document shall be as valid and binding as a signed original.

Signature: _____

Printed Name: _____

Date: _____, 20____

FAX

TO: The American Registry of Radiologic Technologists

ATTENTION:

_____ **Records Department**
FAX #: 651.681.3297

_____ **Ethics Requirements Department**
FAX #: 651.687.0449

FROM: _____ ARRT ID # _____

DATE: _____

NUMBER OF PAGES (including cover sheet): _____

INCLUDE:

ATTORNEY NAME: _____

FIRM NAME: _____

MAILING ADDRESS: _____

TELEPHONE#: _____

FAX#: _____

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