



For Nuance PowerShare image transfer send to The Women's Center of Orlando (Spoke)



**If mailing DVD send to below address**

**AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Previous Name: \_\_\_\_\_

I request and authorize \_\_\_\_\_ to release healthcare information of the patient named above to: \_\_\_\_\_ (Name of Imaging Facility)Address,

The Women's Center of Orlando  
630 Main Street  
Altamonte Springs, FL 32701

**\*\*\*PLEASE FAX ALL REPORTS TO: 407-857-1855\*\*\***

The request and authorization apply to:

All Breast Imaging and Reports (Mammography and Ultrasound)

Patient Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

AS NOTED IN THE HIPAA REGULATIONS:

“Section 164.506 of the HIPAA privacy regulations permit release of information for treatment, payment, or healthcare operation purposes without a specific patient authorization. Consequently, the regulation allows a mammography facility to transfer medical records to another covered entity in most situations without specific patient authorization. The Office of the Civil Rights, the KHHS office with primary responsibility for HIPAA implementation, has also stated that, a covered healthcare provider may share protected health information with another health care provider for the treatment purposes without a business associate contract.”