



**For Nuance PowerShare image transfer send to Unified Women's  
Healthcare (HUB)**



**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,

**If mailing DVD send to below address**

The Women's Center of Orlando  
3000 Hunter's Creek Blvd.  
Orlando, FL 32837  
FAX # 407-857-1855

**PLEASE SEND IMAGES TO UNIFIED WOMEN'S HEALTHCARE (HUB) if POWERSHARING**

The request and authorization applies to: **(Mammography and Ultrasound)**

\_\_\_\_ Most recent 2 years of prior mammography or baseline

\_\_\_\_ Most recent 2 years of breast 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 a 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."