



**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
10775 Narcoossee Rd. STE 200
Orlando, Fl. 32832
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."