

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



**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: \_\_\_\_\_,

**A Womans Place  
1660 Medical BLVD Suite #100  
Naples, FL 34110  
Fax : 239-596-0900**

The request and authorization applies to: **Mammography and/or Breast Ultrasound**

\_\_\_\_\_ Last 2 years of prior mammography and oldest 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.”

Effective Date: 9/28/2021