



UNIFIED
WOMEN'S HEALTHCARE™

**Please send 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: Ascension Providence Hospital
ATTN: Radiology Film Room
47601 W. Grand River
Novi, MI 48374 PH# 248-465-4127 FAX# 248-465-4194

to release healthcare information of the patient named above to:
'Unified Women's Healthcare' on Nuance PowerShare or mail DICOM images to

Associates in Obstetrics & Gynecology
25500 Meadowbrook Road, Suite 120
Novi, MI 48375-1879
Phone: 248-465-4340
Fax: 248-465-4341

***If no records are found, please return fax to 561-334-2147

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 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: 5/4/2022