



**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, _____ hereby authorize:

Physician's Name: _____

Physician's Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Fax Number:** _____

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

Women's Health Consultants
46325 W 12 Mile Rd, Se 250, Novi, MI 48377
Phone: (248) 465-1200
Fax: (248) 465-2850

*****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."