



**Please send Nuance PowerShare image transfer 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:
'Unified Women's Healthcare' on Nuance PowerShare or mail DICOM images to:

**Capital Women's Care DIV 39
2120 L Street NW
Suite 700
Washington, DC 20037**

*****If no records are found, please return fax to "410-584-1739"**

Please Note we do not monitor messages within powershare continue to fax film report requests
The request and authorization apply to:

X The last 2-3 years of 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: 9/28/2021

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