



Please send Nuance PowerShare image transfer to:

“Unified Women’s Healthcare (HUB)”

If you mail a DVD, send to below address.

For AMBRA please send secure link to: pacshelp@unifiedhc.com

For Medicom please send secure link to: pacshelp@unifiedhc.com

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:

Care Center Name: CWC DIV 37-NOVA (ATTN Mammography Dept)

Address: 3554 Chain Bridge Rd Suite 302 Fairfax, Va 22030

Phone: 703-273-6635

Fax: 703-273-5717

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

- ☐ Last 3 prior mammography and oldest or baseline
- ☐ Most recent 3 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