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Division 37
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Michelle Stas, MD
Damon Hou, MD
Christine Tran, MD
Michael Kusic, MD
Gina Hibshman, MD

Natalie Moore, MD
Brittany Jackson, MD
Sharon Kim, MD
Pranavi Vemuri, MD
Carleya Nunes, MD
Leslie Shubat, WNNP

Consent for Release and Use of Mammography and Breast Ultrasound Images

By signing this consent, you hereby give consent to release prior breast images and reports.

DIRECTIONS:

- For Electronic transfers via **Nuance PowerShare** please use **Unified Women's Healthcare (HUB)**
- For Electronic transfers via **Medicom** please use **Unified Women's Healthcare (Spoke)**
- For **AMBRA** please send secure link to: pacshelp@unifiedhc.com
- If you mail a **DVD**, please send **DICOM** images to the address below:

PRACTICE NAME: Capital Women's Care, Division 37 (Alexandria)

ADDRESS: 6355 Walker Lane Suite 508 Alexandria, VA 22310

PHONE/FAX: (703) 971 – 7633 / (703) 971 - 0997

Patient Name:

Date of Birth:

Previous Name (if applicable):

I request and authorize:

(Previous Imaging Facility Name)

❖ to release the **prior 3 Mammograms and Breast Ultrasounds**

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