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For Nuance PowerShare image transfer send to Unified Women’s Healthcare (HUB)

For AMBRA please send secure link to [pacshelp@unifiedhc.com](https://pacshelp@unifiedhc.com/)

**For Medicom please send secure link to** [pacshelp@unifiedhc.com](https://pacshelp@unifiedhc.com)

**If** **mailing** **DVD** **send** **to** **below** **address**

**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:

**Midwest Center for Women’s Health South Elgin 2000 McDonald Rd. Suite 220**

**South Elgin, IL. 60177**

**Phone: (847) 741-7990**

**Fax: (847) 741-8099**

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

 **X**--\_Last 2 years of prior mammography and oldest or baseline

-**X** Most recent 2 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.”