



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

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

For Medicom please send secure link to 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 at Vernon Hills
250 Center Drive, Suite 101
Vernon Hills, IL 60061
Phone: (847) 918-7050
Fax: (833) 918-2372**

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

_____ Last 2 mammograms and oldest or baseline

_____ 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."