



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

Midwest Center For Women's HealthCare
250 Center Drive Hwy., Ste 101
Vernon Hills, IL 60061
(T) 847-918-7050 (F) 833-918-2372

Patient Name: _____

Date of Birth: _____

Previous Name (if applicable): _____

I request and authorize:

(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