MIDWEST CENTER FOR WOMEN'S HEALTHCARE

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:

Midwest Center for Women's Health at Des Plaines
9301 Golf Road, Ste. 106
Des Plaines, IL 60016
PHONE: (847) 318-9350
FAX: (847) 318-2906

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