



**Please send Nuance PowerShare image transfer send to
“UNIFIED WOMEN’S HEALTHCARE (HUB)”**

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient Name: _____

Date of Birth: _____ **Last 4/ID number** _____

Previous Name: _____

I request and authorize:

to release healthcare information of the patient named above to:

'Unified Women's Healthcare' on Nuance PowerShare or mail DICOM images to

Emerald Coast OB GYN
Attn: Mammography Department
103 East 23rd Street
Panama City, FL 32405
(850)769-0338
FAX (850) 785-6088

*****If no records are found, please return fax to (850)785-6088*****

The request and authorization apply to:

All Breast Imaging and Reports (Mammography and 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.”

Effective Date: 9/28/2021

Requested by: _____