



## ***AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION***

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

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I request and authorize \_\_\_\_\_ to release the above patient healthcare information to:

***Emerald Coast OB/GYN***

The request and authorization apply to: Mammography and/or Breast Ultrasound Reports **AND** Images

  X   Last 2 years of prior mammography **AND** oldest or baseline

  X   Most recent 2 years of breast ultrasound

**Patient Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

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

Emerald Coast OBGYN

Attn: Mammography Dept.

103 E 23rd Street

Panama City FL 32405

**P 850-769-0338/ F 850-785-6088**

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