

**Please send Nuance PowerShare image transfer to
“Unified Women’s Healthcare (HUB)”**



**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:

Raleigh Gynecology & Wellness
2304 Wesvill Court, Suite 210
Raleigh, NC 27607
Phone: 919-782-6700
Fax: 919-782-2218

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

_____ ----- Last 2 years of prior mammography 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 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: 6/18/2024