



**Please send Nuance PowerShare image transfer to  
"MID-ATLANTIC WOMENS CARE PLC"**

**AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Previous Name:** \_\_\_\_\_

**I request and authorize:**

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**to release healthcare information of the patient named above to:**

'Mid-Atlantic Imaging Center' on Nuance PowerShare or mail DICOM images to

Mid-Atlantic Imaging Center Kempsville  
844 Kempsville Road, Suite 210  
Norfolk, VA 23502

**\*\*\*If no records are found, please return fax to**

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: 5/4/2022