

Authorization for Release of Confidential Health Information



| | |
|-------------|----------------|
| Date: | |
| Name: | Date of Birth: |
| Home phone: | Cell #: |

| | |
|--|----------------------------------|
| I authorize the following medical facility: | To release my records to: |
| Name: | Name: |
| Address: | Address: |
| City/ST/Zip: | City/ST/Zip: |
| FAX: | FAX: |
| Phone: | Phone: |
| The purpose of this disclosure is for: | |

| Specific information to be released: | FROM and TO Dates |
|---|-------------------|
| <input type="radio"/> Chart Notes | |
| <input type="radio"/> Medical History | |
| <input type="radio"/> Vascular Labs | |
| <input type="radio"/> X-Ray/Pathology Reports | |
| <input type="radio"/> Surgery Reports | |
| <input type="radio"/> Entire Medical Record | |

There is a fee for copying or faxing medical records for personal use, life insurance, disability, attorneys and lawyers. Fee: For twenty (20) or less pages there will be a .75¢ per page charge plus postage. For twenty (20) or more pages the charge will be a flat \$25.00 plus postage.

I understand that I have the right to inspect and copy the information I have authorized to be disclosed by this authorization. In the event that I refuse to authorize the release for the above described information, I understand that it will not be disclosed, except as provided by law. I understand that this authorization is valid until it expires or is revoked. I further understand that I may revoke this authorization at any time by giving written notice to the physician in person or by mail.

This Authorization for Release of Confidential Health Information will terminate on date: _____

Signature of Patient: _____ Date: _____

(For minors 15-17 years old a parent and witness must sign)

Parent: _____ Date: _____

Witness: _____ Date: _____

Complete, sign and mail this form back to:
 Oregon Surgical Specialists, PC
 520 Medical Center Drive, Suite 300
 Medford, OR 97504.
 Attn: Medical Records

You may also fax this form to:
 (541) 282-6681
 Attn: Medical Records

Questions: call (541)282-6680