



**Oregon Health & Science University**

**Hospitals and Clinics**

**Health Information Services /**

**Medical Correspondence**

3181 SW Sam Jackson Park Rd,

Mail Code: OP17A

Portland, OR 97239-3098

(503) 494-8521, Fax (503) 494-6970

Page 1 of 1

ACCOUNT NO.

MED. REC. NO.

NAME

BIRTHDATE

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**AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

ALL SECTIONS OF THIS FORM **MUST** BE COMPLETED OR THE AUTHORIZATION WILL NOT BE ACCEPTED.

I authorize: \_\_\_\_\_  
(Name of person / entity/ facility disclosing information)

\_\_\_\_\_  
(Address of person / entity) (City) (State) (Zip Code)

to use and disclose a copy of the specific health information described below regarding:

\_\_\_\_\_  
(Name of individual)  
consisting of: (see back side for definitions) \_\_\_\_\_ Physician reports \_\_\_\_\_ X-rays \_\_\_\_\_ Labs \_\_\_\_\_ ED  
\_\_\_\_\_ Billing \_\_\_\_\_ Other, specify \_\_\_\_\_

\_\_\_\_\_ If outpatient practice/clinic records are needed, please specify the practice(s)/clinic(s) (see back side for practice/clinic list) \_\_\_\_\_

to: \_\_\_\_\_  
(Name of recipient)

\_\_\_\_\_  
(Address of recipient) (City) (State) (Zip Code)

for the purpose of: (Describe each purpose of disclosure) \_\_\_\_\_ Continued Care \_\_\_\_\_ Legal \_\_\_\_\_ Disability  
\_\_\_\_\_ School Entry \_\_\_\_\_ Other, specify \_\_\_\_\_

If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be disclosed only if I place my **initials** in the applicable space next to the type of information.

- \_\_\_\_\_ HIV/AIDS information
- \_\_\_\_\_ Mental health information
- \_\_\_\_\_ Genetic testing information
- \_\_\_\_\_ Drug/alcohol diagnosis, treatment, or referral information

You do not need to sign this authorization. Refusal to sign the authorization will not adversely affect your ability to receive health care services or reimbursement for services. The only circumstance when refusal to sign will mean you will not receive health services is if the health services are solely for the purpose of providing health information to someone else, and the authorization is necessary to make that disclosure. Your refusal to sign this authorization does not adversely affect your enrollment in a health plan or eligibility for health benefits, unless the authorized information is necessary to determine if you are eligible to enroll in the health plan.

You may revoke this authorization in writing at any time. If you revoke your authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization. Any uses or disclosures already made with your permission cannot be undone.

To revoke this authorization, please send a written statement to Medical Correspondence, Health Information Services, OP17A, OHSU 3181 SW Sam Jackson Park Rd. Portland, OR 97239-3098, and state that you are revoking this authorization.

I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer be protected under federal law. However, I also understand that federal or state law may restrict re-disclosure of HIV/AIDS information, mental health information, genetic information and drug/alcohol diagnosis, treatment or referral information.

**I have read this authorization and I understand it.**

This authorization expires one year from the date of signing unless revoked or otherwise specified below:

(enter alternative expiration date or event) \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of individual or personal representative)

Description of personal representative's authority: \_\_\_\_\_





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**DEFINITION OF REPORTS:**

- Physician reports include Discharge Summary, History & Physical exam, any procedures or operations
- X-rays include X-ray reports, Ultra sound, MRI, and special Imaging reports
- Labs – all laboratory test results
- ED – Emergency Department reports by physician
- Billing – Hospital and / or clinic billing information
- Immunizations – all immunization records
- Other – Specify information not listed

**OHSU OUTPATIENT PRACTICES/CLINICS:**

- |   |                                  |
|---|----------------------------------|
| Adult Psychiatry                                | Intercultural Psychiatry Program |
| Allergy & Immunology                            | Internal Medicine                |
| Anticoagulation                                 | Lipids                           |
| Audiology                                       | Liver Transplant                 |
| Beaverton                                       | Marquam Hill Internists          |
| Bone & Mineral                                  | Nephrology & Hypertension        |
| Bone Marrow Transplant / Leukemia               | Neurology                        |
| Cardiology                                      | Neurosurgery                     |
| Casey Eye Institute                             | Oral & Maxillofacial Surgery     |
| CDRC Eugene                                     | Oregon City                      |
| Center for Women's Health                       | Orthopaedics                     |
| Child and Adolescent Psychiatry                 | Otolaryngology                   |
| Childhood Development and Rehabilitation (CDRC) | Pain Management Center           |
| Dermatology                                     | Pediatric Hematology / Oncology  |
| Dermatology Surgery                             | Pediatric Specialties            |
| Diabetes  | Perinatal                        |
| Digestive Health                                | Plastic Surgery                  |
| Employee Health                                 | Pulmonary                        |
| Endocrinology                                   | Radiation Oncology               |
| Executive Health                                | Renal Transplant                 |
| Family Medicine at Marquam Hill                 | Rheumatology                     |
| Gabriel Park                                    | Richmond                         |
| Gastroenterology                                | Riverplace                       |
| General Pediatrics                              | Scappoose                        |
| General Surgery                                 | Sellwood                         |
| GI / Hepatology                                 | Sleep Medicine                   |
| Health Promotion and Sports Medicine            | Surgical Oncology                |
| Hematology / Oncology                           | Urology                          |
| Infectious Disease                              | Vascular Surgery                 |