

SPORTS MEDICINE OREGON

7300 S.W. Childs Rd. Suite B

Tigard, OR 97224

Phone: (503)-692-8700 Fax: (503)-692-8710

AUTHORIZATION TO USE AND/OR DISCLOSE HEALTH INFORMATION

*****Incomplete forms will not be processed*****

Information for whom authorization is made:	
Patient Full Name: _____	
Other Name(s) Used: _____ Patient Date of Birth: _____	
Address: _____ City: _____ State: _____ Zip Code: _____	
Phone: (____) _____ Email: _____	
Patient to pick up Patient fax: _____ Mail to home address	
Information to be disclosed:	Specify purpose for disclosure:
Office notes Imaging reports Lab/EKG Operative reports Imaging on CD Physical Therapy notes	
Billing Other _____	
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 if I place my initials in the applicable space next to the type of information.	
____ HIV/AIDS ____ Mental health ____ Genetic testing ____ Alcohol/Chemical Dependency	
Health care provider or entity authorized to disclose this information:	Health care provider or entity authorized to receive this information:
Name: _____ Sports Medicine Oregon _____	Name: _____
Address: _____ 7300 SW Childs Rd _____	Address: _____
City: _____ Tigard _____ State: _____ OR _____ Zip : _____ 97224 _____	City: _____ State: _____ Zip Code: _____
Phone: (503) _____ 692-8700 _____	Phone: (____) _____
Fax: (503) _____ 692-8710 _____	Fax: (____) _____

I understand that I may revoke this authorization at any time by giving written notice to Sports Medicine Oregon. **Unless revoked earlier, this authorization will expire 1 year from the date of signing.**

Signature _____
Patient or Legal Representative

Date _____

Print _____
Patient or Legal Representative

Relationship to patient _____

(A copy of this signed form will be provided to the individual and/or the individual's legal representative)

OFFICE USE ONLY	received by	completed by
-----------------	-------------	--------------