

**MEDICAL RECORDS RELEASE**

Patient Name \_\_\_\_\_ Former Name (if any) \_\_\_\_\_

Current Address \_\_\_\_\_ D.O.B. \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip \_\_\_\_\_ S.S.# \_\_\_\_\_

Best Contact Phone \_\_\_\_\_

**I Authorize Information Released FROM:** (please print)

Clinic/Doctor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Please Send My Records TO:** (fax preferred circle one)

Orchid Health	Orchid Health	Orchid Health
<i>Wade Creek</i>	<i>Oakridge</i>	<i>McKenzie River Clinic</i>
534 NE 6TH Ave. Estacada , OR 97023 Fax: (503) 630-8551 Ph: (503) 630-8550	47815 Highway 58 Oakridge, OR 97463 Fax: (541)782-5823 Ph. (541) 782-8304	51730 Dexter St. Blue River, OR 97413 Fax: 1 (833) 905-2303 Ph. (541) 822-3341

**Purpose of Release**

Establishing New PCP     Sharing Health Information (from Consultant/Specialist)     Personal Use     Legal

**Type of Information To Be Released-** Initial **ALL** that apply

\_\_\_ **Complete** Medical Records    \_\_\_ Include Mental Health Records    \_\_\_ Include Confidential Records/HIV or other  
\_\_\_ Include Records relating to Drug or Alcohol Treatment: \_\_\_\_\_  
\_\_\_ Other (specify): \_\_\_\_\_

**This authorization will expire one year from the date of the signature below.**

I understand that I can change my mind about this authorization at any time by writing to the health care provider or to Orchid Health, but that any information already transferred will remain in our Confidential Medical Record System.

I also understand that:

- I am not required to sign this authorization and that my health care or payment for care will not be affected by my refusal.
- Federal privacy regulations will no longer apply to the information disclosed, and that Orchid Health may redisclose the information if it is relevant for consultation, or if you request we transfer your records to another location.
- I am allowed to receive a copy of this Authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_