



## INSTRUCTIONS - Authorization to Release Health Information

Dear Patient/Personal Representative,

The following form is used for you to authorize Clackamas & Oregon Pediatrics to send or receive health records. Please thoroughly complete all areas of the form. Missing, illegible, or inaccurate information may delay or void your request.

### IMPORTANT!

- If you want us to send copies of our records to you or someone else, check the box:  To send records to:
- If you want someone to send copies of their records to us, check the box:  To receive records from:
- If you want us to talk to someone else about the health record (ours or theirs), check the box:  To verbally exchange with:
- Then be sure to fill out the name, address and phone for that physician/clinic/person so we can contact them about the records.

Photo ID may be required for verification of patient or Personal Representative.

The Personal Representative may authorize release of the health record for patients under 14 years of age. Patients 14 years of age and older must sign their own authorizations unless permanently or temporarily incapacitated. Personal Representative must be authorized under state law (ORS 192.556) to act on behalf of the individual with respect to use and disclosure of information. Clackamas & Oregon Pediatrics may require a personal representative to provide a copy of the documentation authorizing the person to act on behalf of the individual.

In the event faxing is authorized, faxed records are limited to 50 pages total.

We are unable to email records at this time, however some or all records (e.g. immunization history) can be obtained electronically through our "MyHealth" portal. Just ask any staff member for assistance in signing up.

General Medical Records (most recent 2 years plus complete immunization history) are provided the first time at no charge. When requesting more than the 2 most recent years of health records or for subsequent requests, copy services will be charged in accordance with ORS 192.521, typically \$30.00 per patient; more for extensive records. We recommend the patient or personal representative request the first free copy be provided to him/her, who may then share copies with future practitioners as needed.

Payment for records can be made by cash, check or credit/debit. Please make checks payable to *Clackamas & Oregon Pediatrics*.

If you have an urgent need to receive records right away, please include that information in your request. We strive to supply the requested records as quickly as possible.

If you have questions or need assistance, please call us at (503) 659-1694 and ask for the HIM Department.

