HILLSBORO CLINIC
Excellence in Primary Care

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DR. MARC E. LEWIS   DR. MEENAKSHI AGGARWAL   ANNE DUNNE, DNP   MELINDA SANFILIPPO, FNP

PATIENT: ______________________________ DOB: ____________________

Authorization to Release Medical Information

I hereby authorize:

Hillsboro Clinic
356 SE 9th Ave
Hillsboro, OR 97123

To provide medical information to:

____
(Name of Facility)

____
(Address)

____
(City, State, Zip Code)

Data Requested:

____________Entire Record
____________History & Physical
____________Operative/Pathology Reports
____________Labs, Imaging Reports
____________Other

For the purpose of: ____

By checking and signing, I specifically authorize the release of the following confidential information:

__________ HIV Test results & related information or referral information
__________ Drug/alcohol diagnosis, treatment or referral information
__________ Mental health treatment information
__________ Genetic information

_______________________________________ _______________________________________
(Patient Signature) (Date) (Parent/Legal Guardian) (Date)

Restrictions: I authorize disclosure of my medical records for the purpose stated above. I understand that the information released may be subject to re-disclosure by the recipient and may no longer be protected.

Rights: I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information to be used and/or disclosed under this authorization in accordance with organizational policy. I further understand that I have the right to revoke this authorization in writing at any time, except to the extent that action has been taken on this authorization.

_______________________________________ _______________________________________
(Patient Signature) (Date) (Parent/Legal Guardian) (Date)

Permission to fax and/or send electronically: ____Yes ____No

All faxed materials will contain a confidentiality statement, however, I understand confidentiality at the receiving end cannot always be assured.