Authorization to Disclose Medical Records To LCHC

Incoming Records Release

LaPine Community HEALTH CENTER

Patient Name: _____ DOB: _____ LCHC PCP: _____

By signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, a summary or a narrative of my protected health information to the facility listed below:

All Records Go to Our Medical Records Department:

La Pine Community Health Center
Po Box 3300
La Pine, OR 97739
Phone: (541) 536-3435
Fax: (541) 536-8047

Who are we requesting records from?

Name: _____ Provider: _____

Address: _____ Phone: _____

City: _____ State: ____ Zip: _____ Fax: _____

Why is this information needed?

☐ Change of PCP ☐ Moved ☐ Treament/Continuing Care ☐ Disability/FMLA ☐ Legal

☐ Back To Work ☐ Verify Attendance ☐ Other (Specify): _____

Check all information to be disclosed to the above party:

Range of Information to Release:

☐ Last Year ☐ Last 2 Years

☐ All ☐ Other (Specify):

_____

☐ Complete Medical Record ☐ Immunization Records

☐ Medication List ☐ Pathology Reports

☐ Radiology Reports ☐ Labs

☐ Progress Notes ☐ Other (Specify): _____

Confidential Information Disclosure Agreement:

If you **DO NOT** want any of your confidential information released, check this box

☐ By checking this box you are refusing to release any of the confidential information in your record

*****To release confidential information you MUST initial below*****

I consent to the release of the following specific confidential health information:

_____ (Initial) Mental Health

_____ (Initial) Substance Abuse Treament Information

_____ (Initial) I consent to the release of any positive or negative test results for AIDS or HIV infections, antibodies to AIDS, or infections with any other causative agents of AIDS with the rest of my medical records.

Patient Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*****All records go to our Medical Records Dept. for processing - If faxing records, please limit to 100 pages per fax*****