

THE CHILDREN'S CLINIC, P.C.

www.childrens-clinic.com

Authorization for The Children's Clinic to Release Medical Information

RELEASE FROM: (Enter physician's name and check appropriate clinic location.)

Physician name:

The Children's Clinic PETERKORT
Peterkort Centre I
9555 SW Barnes Road
Suite 301
Portland, OR 97225
(503) 297-3371 FAX: 297-7975

The Children's Clinic TUALATIN
Meridian Park Medical Plaza 2
19260 SW 65th Avenue
Suite 340
Tualatin, OR 97062
(503) 691-9777 FAX: 692-6736

SEND TO:

Name of person receiving information:
Facility name:

Title (Patient, Physician, Attorney, etc...):

Street address:

City / State / ZIP:

Phone:

Fax:

E-Mail Address:

_____ Patient's last name	_____ First name	_____ M.I.	_____ Birth date
_____ Patient's last name	_____ First name	_____ M.I.	_____ Birth date
_____ Patient's last name	_____ First name	_____ M.I.	_____ Birth date
_____ Patient's last name	_____ First name	_____ M.I.	_____ Birth date

Purpose of release: _____

The Children's Clinic will routinely send a summary unless requested otherwise.

- All pertinent medical records X-Ray Films (specify): _____
- Specific Information as described: _____

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.

____ Drug/Alcohol diagnosis, treatment, or referral information

____ Genetic testing

____ HIV/AIDS records

____ Mental health records

This authorization may be revoked at any time except to the extent that the release of information has already occurred. Unless revoked earlier, this consent will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

Signature of person authorizing release of Information: _____

Relationship to patient: _____ **Date:** _____