

SELLWOOD MEDICAL CLINIC, P.C. Telephone 503-595-9300/ Fax 503-595-9301

3 LOCATIONS:

8332 SE. 13TH
Portland, OR 97202

8333 S.E. 13th Avenue
Portland, OR 97202

6234 N. Greeley Avenue
Portland, OR 97217

Our Providers:

Jennifer Bevacqua, CPNP
Naghmeh Moshtael, M.D.
Monique E. Pritchard, M.D.
Tara Bernhardt, CPNP

Alison Elia, CPNP
Leslie D. Gregory, PA-C
Brittany Petering, M.D.
Tara A. Schwab, M.D.
Jeanette Haughton, CPNP

Amanda Bailey, M.D.
Kelly Wright, M.D.
Merinda Sterner, PA-C

AUTHORIZATION FOR RELEASE OF INFORMATION from Sellwood to another Provider

I, (name of patient) _____ DOB: _____

Authorize Sellwood Medical Clinic, P.C., to use and/or disclose my health information as identified below:

_____ → Provider/Clinic Name

_____ → Provider/Clinic Address

_____ → Provider/Clinic City, State Zip

_____ → Phone/Fax:

For the purpose(s) of: _____ () patient care () patient request () other

By checking the spaces below, I specifically authorize use or disclosure of the following health information and/or records, if such information and/or records exist:

_____ Transcribed Operative Reports

_____ Pathology Reports

_____ Diagnostic Imaging Reports

_____ Emergency and urgent care records

_____ Clinician office chart notes

_____ Billing Statements

_____ Laboratory Reports

_____ Xrays, MRI, CAT Scan Films

The following items must be initialed to be included in the release or disclosure of other health information:

_____ *HIV/AIDS related health information and/or records

_____ *Mental health information and/or records

_____ *Drug/Alcohol diagnosis, treatment and/or referral information (Federal regulations require a description of how much and what kind of information is to be disclosed. Federal law prohibits the re-disclosure of such information.)

I understand that I may revoke this authorization at any time by giving written notice to Sellwood Medical Clinic, P.C.. Unless revoked earlier, this authorization will expire 180 days from the date of signing or upon (insert applicable date or event of expiration)

SIGNATURE OF INDIVIDUAL

DATE

PRINT NAME OF LEGAL REPRESENTATIVE

RELATIONSHIP

Copying fees may apply