741 NE 6th Street
Grants Pass, OR 97526
(541) 471-2701
Fax (541) 471-1166
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Authorization to Use and Disclose Health Information

I hereby authorize:

Name of disclosing party

Address

City State ZIP

To disclose to:

Name of recipient

Address

City State ZIP

Records and information for the past two (2) years pertaining to:

Patient name (list other names used) Social Security Number Date of birth

Address Telephone number

Duration: This authorization shall become effective immediately and shall remain in effect for one year from the date of signature unless a different date is specified here _____ (Date).

Revocation: This authorization is subject to written revocation by the patient at any time. The written revocation will be effective upon receipt, except to the extent that the disclosing party or others have acted in reliance upon this authorization.

Re-disclosure: I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Specify Records: Check the box, initial and/or sign to specify which type of information is to be disclosed.

- ☐ **Medical Information** _____ (Initials)
- ☐ **Psychiatric Information** _____ Signature _____ Date
- ☐ **Drug/Alcohol Information** _____ Signature _____ Date
- ☐ **Results of an HIV Test** _____ Signature _____ Date
- ☐ **Genetic Records** _____ Signature _____ Date
- ☐ **Other Health Information** _____ (Initial and specify below)
- ☐ **Specify the records to be disclosed:** _____

This authorization ☐ **does** / ☐ **does not** discontinue my care through Mountainview Family Practice.

The recipient may use the health information authorized on this form for the following purposes:

_____

Date Signature If signed by other than patient, indicate relationship

(A copy of this authorization is as valid as the original. Patient has a right to receive a copy of this authorization.)

For Mountainview Family Practice use only:
Date received_____ Acct#_____ Fees explained (if needed)_____
Records sent by_____ Date_____