

**WEST SALEM FAMILY PRACTICE ASSOCIATES, LLC**  
1275 Wallace Rd NW, Salem, Oregon 97304 503-371-3232 Fax: 503-375-2398

**AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION**

Patient's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Social Security # (Last 4 digits) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone/Cell Number \_\_\_\_\_

Release Health Information from:

Release Health Information to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone/Fax \_\_\_\_\_

Phone/Fax \_\_\_\_\_

I consent to have all information faxed from/to the above facility/clinic. \_\_\_ Yes \_\_\_ No Transfer of care \_\_\_ Yes \_\_\_ No

Which Information do you wish to have released? Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

3 years of chart notes

All Cardiology reports/testing

3 years of Laboratory

All Pulmonary reports/testing

All Pathology

All Ophthalmology reports/testing

All Radiology

All Operative reports/discharge summaries

Please list all information that you do not want released \_\_\_\_\_

The following PHI will not be released or copied unless you indicate by initialing:

AIDS/HIV (Acquired Immunodeficiency Syndrome or Human Immunodeficiency Virus)

Mental Health (Psychiatric Care and/or Psychological Assessments)

Treatment for Alcohol and/or Drug Abuse

I hereby authorize disclosure of the health information for the above named patient. This authorization is valid for \_\_\_\_\_ months from the date of signature.

I understand that I may cancel this request at any time with written notification but that it will not affect any information release prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulation. I understand and accept the statements contained in the authorization.

\_\_\_\_\_

\_\_\_\_\_

Signature of individual (or guardian or Person Representative of patient's estate)

Date

Copy charges may be assessed in accordance with Oregon State Law.