

AUTHORIZATION TO DISCLOSE MEDICAL RECORDS

*This authorization must be written, dated and signed by the patient
or by a person authorized by law to give this authorization.*

I authorize _____ to release a copy of the medical information
(Name of Hospital/Health Care Provider)
for _____ to Northwest Vascular Consultants, Inc..
(Name Of Patient)
9701 SW Barnes Rd., Suite 140, Portland, OR 97225

The information will be used on my behalf for the following purpose(s): _____

Please send information including the diagnosis and records of any treatment or examination rendered to me during the period from _____ to _____

By initialing the spaces below, I specifically authorize the release of the following medical records, if such records exist:

_____ Please send the entire medical record (all information) to the above name recipient. The recipient understands this record may be voluminous and agrees to pay all reasonable charges associated with providing this record.

_____ Most recent history – last ___ yrs. / mo.	_____ Hospital records
_____ Clinician office chart notes	_____ Diagnostic imaging reports
_____ Billing statements	_____ Laboratory reports
_____ Pathology reports	_____ Correspondence (permission for communication between provider and recipient)
_____ Other _____	

_____ HIV/AIDS related records (Must be initialed to be included in other documents.)

_____ Mental health information (Must be initialed to be included in other documents)

_____ This authorization is limited to the following treatment:

_____ This authorization is limited to the following time period:

_____ This authorization is limited to a workers' compensation claim for injuries of
_____ (Date)

This authorization may be revoked at any time. The only exception is when action has been taken in reliance on the authorization. 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.

(Date)

(Signature of patient or person authorized by law)

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