Chart #_____

KLAMATH ORTHOPEDIC & SPORTS MEDICINE CLINIC
2200 Bryant Williams Drive Klamath Falls, OR 97601
541-884-7746 – PHONE 541-884-0848 – FAX

AUTHORIZATION TO DISCLOSE MEDICAL RECORDS, PER ORS 192.525

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

I authorize Klamath Orthopedic to release a copy of the medical information

for _____ _____ _____
(name of patient) **Date of birth** **Social Security #**

to _____
(name and address of recipient)

for the reason of _____ **.**

I specifically authorize the release of the following medical records, if such records exist:

___Clinical office notes
___Work release reports **___X-Ray Reports ___Films**
___History and Physical **___MRI Reports ___Films**
___Operative Report **___Billing statements**
___Discharge summary **Other** _____

I understand Klamath Orthopedic will provide the first set of records to me at no cost. After which, I agree to pay for duplicate copies at .25 cents per page. I further understand all records requested for the purpose of providing documentation to my attorney are to be requested, billed and pre-paid by my attorney.

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment of alcohol and drug abuse.

I understand that I have the right to revoke this authorization at any time; if I revoke this authorization I must do so in writing.

I understand I may refuse to sign this authorization. I need not sign this authorization in order to ensure treatment.

This authorization pertains to records dated on or prior to my signed medical request and a new records request is necessary for future records.

_____ _____ _____
Signature of Patient/Legal Representative **Relationship** **Date**

Mail as indicated _____
Fax to : _____
Call to pick up at office (phone) _____

Revised March 5, 2009