

Medical Health Database

ORS 181.641

January 25, 2011

Enrollment Packet & Information needed from eligible individual

1. House Bill 3466 (sections related to individuals eligible to enroll and "Qualifying Illness or Condition)
2. Enrollment Form
3. Two witnesses, one unrelated (non-relative)
4. Statement of diagnosis from treating Licensed Medical Professional
5. Current ID

To enroll in the database, an interview session will be scheduled with the Benton County Health Services Administrator/Mental Health Director. Please bring the following to that interview:

- A signed original statement from a Licensed Medical Professional providing a qualifying illness or condition as defined by law;
- Two witnesses that meet the criteria defined by law, one unrelated, not a treatment provider or physician or owner, operator or employee of a health care facility in which the individual is a patient or resident;
- Name and contact information for two individuals who have consented to be emergency contacts who can be the individual's:
 - Primary care physician
 - Case manager
 - Probation officer
 - Family member
 - Any other person willing to serve as an emergency contact
- A completed Enrollment Form
- Personal Identification (picture ID)