Benton County Health Services

Authorization to Release Information

To avoid delay in complying with your release request please print clearly **Please complete both sides**

I Authorize Information be Released from:	**I Authorize Information be Released to:**
Name / **address of record holder**	Name / **address of receiving party**
Name of Facility: _____	Name of Facility: _____
Contact Name: _____	Contact Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

☐ **Benton County Health Department** - Immunizations - WIC / MCH - Communicable Disease	☐ **Benton Health Center**
☐ **Benton County Mental Health**	☐ **Alsea Rural Health Center**
☐ **Benton County Substance Abuse Program**	☐ **East Linn Health Center**
☐ **Dental**	☐ **Lincoln Health Center**
	☐ **Monroe Health Center**
	☐ **Sweet Home Health Center**

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☐ **Dental**	☐ **Lincoln Health Center**
	☐ **Monroe Health Center**
	☐ **Sweet Home Health Center**

Benton County Health Service, Benton County Mental Health and Substance Abuse Program
530 N.W. 27th Street
Corvallis, OR 97330
Phone: 541-766-6835
Fax: 541-766-6186

Alsea Rural Health Center
435 E. Alder Street
PO Box 229
Alsea, OR 97324
Phone: 541-487-7116
Fax: 541 -487-4076

East Linn Health Center
100 Mullins Drive #A-1
Lebanon, OR 97355
Phone: 541-258-3427
Phone: 541-766-0200
Fax: 541-766-6618

Lincoln Health Center
121 SE Viewmont Ave
Corvallis, OR 97333
Phone: 541-766-3546
Fax: 541-766-6143

Monroe Health Center
610 Dragon Dr
Monroe, OR 97456
Phone: 541-766-6000
Fax: 541-766-6047

Sweet Home Health Center
799 Long Street
Sweet Home, OR 97386
Phone: 541-367-3888
Fax: 541-367-2407

Authorization:

I may revoke this authorization in writing by presenting my written revocation to the clinic or site where I received services. I understand that the revocation will not apply to information that has already been released in response to this authorization. I may refuse to sign this authorization. My refusal will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used and / or disclosed under this authorization.

I understand that, if the recipient of the information disclosed under this authorization is not a health plan or provider covered by federal or state privacy laws, the information may be re-disclosed by the recipient and no longer protected by those laws. If the information being disclosed under this authorization includes HIV/AIDS, Sexually Transmitted Diseases, mental health, and drug/alcohol abuse diagnosis, treatment, or referral information, federal or state law may prevent the recipient from re-disclosing this information. I have read this authorization, and I understand it.

***Copies of Proof of Guardianship or Custody must be attached**

_____ _____
Signature of Client or Legal Personal Representative Date:

_____ _____
Relationship to Client Witness for Minor Signature

Benton County Health Services

Please print clearly

Patient Name: _____ Date of Birth: _____
Last MI First

Other Names Used: _____

Current Address: _____
Street City State Zip

Daytime Phone: _____ Home Phone: _____ SSN: _____

Purpose of Release Request

☐ Change Provider ☐ Doctor Consultation ☐ Moving / Relocating
☐ Legal Reasons ☐ Self Use ☐ Other / Please specify: _____

This permission is valid for 1 year or until (specify date): _____

Type of Information to be Released – Most recent or from time period

From: _____ **To:** _____

INITIAL all that apply

___ Provider Office Notes ___ Immunizations ___ Laboratory / X-Ray Reports
___ Last Annual & Pap ___ Assessments ___ Billing Statements

Information to be Released – Specially Protected Information - INITIAL all that apply

___ Mental Health Treatment, Assessment, Discharges ___ Genetic Testing
___ Drug/Alcohol Abuse Diagnosis, Treatment, Referrals
___ Sexually Transmitted Diseases, HIV/AIDS

Other Information (please specify): _____

_____

I want my records delivered in the following way:

☐ Mail ☐ Pick-up ☐ Fax ☐ Verbal ☐ Electronic