

Pediatric Specialists of Pendleton, LLC

2461 SW Perkins Ave. Pendleton, OR 97801
Phone: (541) 276-0250 Fax: (541) 276-0253

Physicians

Sara Rickman, MD
Rhonda Wyland, MD

Family Nurse Practitioners

Lynn Lieuallen, RN, FNP
Teri Rosselle, RN, FNP

AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION AND RECORDS

This authorization must be written, dated and signed by the patient or by person authorized by law.

(Name of Patient)

(Date of Birth)

I hereby authorize the RELEASE and/or EXCHANGE of medical information specified below regarding the patient named above by copy of medical records and/or by discussing the information in person or by telephone.

FROM ADDRESS PHONE
CITY, STATE, ZIP CODE FAX

TO ADDRESS PHONE
CITY, STATE, ZIP CODE FAX

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

- Medical Records Needed for Continuity of Care (LAST 3 YEARS)
Immunization Records
Growth Chart
Other
Emergency and Urgent Care Records
Laboratory/Pathology Reports
Diagnostic Imaging Reports
Hospital Summary

Purpose of Disclosure

*Must be INITIALED to be included in other documents (how much to disclose, purpose of disclosure and time period must be completed).

- *HIV/AIDS-related records
*Genetic testing information
*Mental health information
*Drug/alcohol information

How much and what kind of information is to be disclosed

Purpose of disclosure

This Authorization is limited to the following time period

This authorization may be revoked at any time in writing. The only exception is when action had been taken in reliance on the authorization. Unless revoked earlier, this consent will expire 1 year from the date of signing or shall remain in effect for the period reasonably needed to complete the request. The information used or disclosed may be subject to re-disclosure by the recipient. Pediatric Specialists of Pendleton, LLC cannot condition treatment or eligibility of benefits on whether this authorization is signed.

(date)

(Signature of patient)

(date)

(Signature of person authorized by law)

Phone # to be reached