HOLY FAMILY CATHOLIC CLINIC

AUTHORIZATION TO DISCUSS MEDICAL INFORMATION

21810 Willamette Drive, #200
West Linn, OR 97068

1829 NW Kings Boulevard
Corvallis, OR 97330

Patient Name: _____ Date of Birth: _____

Types of Information to be Released:

☐ All Medical Information
☐ Billing & Payment Information
☐ ALL OF THE ABOVE

If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. **I understand and agree that this information will be disclosed if I place my initials in the applicable space next to the type of information.**

X_____ **Mental Health** Information
X_____ **Drug/Alcohol** Conditions
X_____ **HIV/AIDS** Information
X_____ **Genetic** Information

I give permission to Holy Family Catholic Clinic, P.S. to verbally discuss information about me with a friend or family member:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: (_____) _____ Phone: (_____) _____

This authorization shall remain in effect until:

□ _____(specify expiration date or event)

□ NO EXPIRATION DATE

□ DECLINE Release of Information

I understand that this authorization may be revoked at any time in writing to the address above. No revocation will be retroactive to pertain to information already released.

I understand that my establishing or receiving medical care is NOT contingent upon signing this form. I understand the release of this information is intended to assist the physicians at Holy Family Catholic Clinic, P.S. (HFCC) to care for the patient indicated above. I understand that the information disclosed may be subject to re-disclosure. The undersigned hereby releases HFCC from any liability which may arise from the release and/or examination of the information indicated above. I have read this authorization, and I understand it.

_____ _____

*Signature of Patient or Legal Representative** *Date*

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**If legal representative, please sign & attach copies of supporting legal documentation*