GRANTS PASS SURGICAL ASSOCIATES P.C.

DISCLOSURE OF MEDICAL RECORDS

I authorize _____ to release a copy of the medical information for: _____ DOB: _____

To: _____ (name of recipient).

The information will be used on my behalf for the following purpose(s): _____.

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

____ All hospital records (including nursing records and progress notes)
____ Transcribed hospital records
____ Medical records needed for continuity of care
____ Laboratory reports
____ Pathology reports
____ Diagnostic imaging reports
____ Most recent five year history
____ Clinician office chart notes
____ Dental records
____ Physical therapy records
____ Emergency and urgent care records
____ Billing statements
____ Other _____
____ Please send the entire medical record (all information) to the above named recipient. The recipient understands this record may be voluminous and agrees to pay all reasonable charges associated with providing this record.

SEPARATE, SIGNED AUTHORIZATION FORM REQUIRED FOR THE FOLLOWING

• HIV/AIDS related records • Mental health information • Genetic testing information
• Drug/alcohol diagnosis, treatment or referral information

____ This authorization is limited to the following treatment: _____
____ This authorization is limited to the following time period: _____
____ This authorization is limited to workers' compensation claim for injuries or: _____

_____ _____
Signature of patient Date

This authorization may be revoked at any time. The only exception is when action has been taken in reliance on the authorization. Unless revoked earlier this consent will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

For any questions or concerns, please contact AllCare Health:

1701 NE 7th Street | Grants Pass, OR 97526
Phone: (541) 471-4106 | Fax: (541) 471-1524

Or you can directly call Ashley Bishir at (541) 471-4106 ext. 8405.