Authorization to Disclose Health Information

THE CENTER
ORTHOPEDIC & NEUROSURGICAL CARE & RESEARCH

HEALTH INFORMATION MANAGEMENT
2200 NE Neff Road, Suite 200, Bend, Oregon 97701
Phone: 541.322.2350 FAX 541.322.2381
www.thecenteroregon.com

Patient Name	Chart #	DOB
Email Address		Daytime Phone
OK to leave message? ❑ Yes ❑ No	OK to leave a message with family? ❑ Yes ❑ No	

I authorize ❑ THE CENTER ❑ OTHER _____
To disclose information specific to the following:

❑ Specific Record Type _____

❑ Image CD (x-ray or MRI) List specific body part(s) _____

******Please Note: Image CDs produced by The Center are NOT Mac compatible.***

❑ Billing Summary ❑ Other (specify) _____

❑ Specific dates of service _____

By my signature below, I voluntarily authorize and request disclosure of above referenced medical records. This includes specific permission to release information <u>including</u>, and <u>not limited to</u>:

- **Mental Health Information**
- **Genetic Testing Information**
- **HIV / Acquired Immunodeficiency Syndrome**
- **Drug abuse, alcoholism or other substance abuse and related treatment / referral information.**

Individual or entity authorized to receive my health information:

❑ Self ❑ Other (specify name) _____

❑ Please Mail or Fax Address _____

❑ Email City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Patient Signature **X** _____ Date **X** _____

Patient Guardian or Legal Representative **X** _____ Date **X** _____

FOR OFFICE USE ONLY

ID Checked ❑ Yes ❑ No Initial _____	Copied by ❑ Copy Service ❑ Staff Initial _____

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.

DBS HEALTH INFORMATION
RELEASE OF INFORMATION SPECIALISTS
PO BOX 267 Bend, OR 97709
888.297.2550
Tax ID:93-1066530

Simple. And Secure.
DBS Health Information serves the healthcare community.

1. Why do I need to complete a request form to obtain a copy of my medical records?
    - HIPAA regulations allow medical care providers to ask patients for written records request. A written request ensures patients receive the information they need. HIPAA requires all medical care providers to provide documentation for every records release regardless how small.
2. Who is DBS and why do they have access to my information?
    - DBS is a local company that provides professional release of patient health information service for many healthcare organizations in Oregon. They understand and comply with the federal and state laws. As a business associate of The Center, DBS is authorized to perform this service for us.
3. How will I receive my information?
    - You can elect to receive your information via US Mail or via EMAIL LINK where you can then download a PDF copy of the documents requested.
    - If you elect to have records via email link, be sure to include your email address on the request letter/authorization and indicate you would like the information emailed. You will then receive 2 emails from records@dbshealth.com with instructions and a secure password to access information

Please call DBS with any questions 888 297 2550.

THANK YOU!