## INCOMING-Records Release Oak Street Medical, P.C. and Oregon Allergy Associates 1488 Oak Street, Eugene Or 97401 Phone # 541-431-0000 Fax# 541-344-6176

I authorize (physician, office or person):		
Address:		x#
Phone:	Fax	۲¢#
To release my medical information to:0	Dak Street Medical Oreg	on Allergy Assoc Jeannie Merrick, WHCNP
Unless otherwise indicated below this release is fo <b>Transfer of Care; Consult;</b>		f Care. ner (list reason)
Patient has an appointment with our office on	Please send record	ls before appointment.
unless otherwise indicated). General medical recorrecords), mental health concerns (not psychotherap	2 years of available including rds sometimes contain sensitive by notes), discussion of HIV te	all skin tests, chart notes, labs and imaging reports e information such as alcohol or drug use (not treatment
OR		
Medical records indicated below for specific date r Please mark specific records requested by placing Office chart notesLab or Path Hospital/ER ReportsConsultation	an X on the lines below. hology Reports Rad	
test results/records:	-12-270 Sub 8) you are requi Insurance; Legal; O	red to state the purpose of release for HIV/HTLV ther (list reason)
Patient Name:	Date of Birth:	Other names used by patient:
Pt. Address:		Pt. Phone #:
Signature of Patient or Authorized Representat Authorized Representative MUST provide legal		Relationship/nt is a minor.
This release is valid for 1 year or until this date:	:(vali	d for a minimum of 30 days to allow for processing).
<ul> <li>the purpose of: <ul> <li>(1) Creating health information about you to b</li> <li>(2) For the purpose of research.</li> </ul> </li> <li>You have the right to revoke this Authorization at any tim disclose information about you for the reasons covered by your permission. To revoke this Authorization, please se Eugene, Or. 97401. The notice needs to identify the date Authorization.</li> </ul>	be disclosed to a third party: or ne, provided you do so in writing. y your written Authorization, but y nd a written statement to attention you signed this Authorization, the rization may be subject to re-discl	If you revoke your authorization, we will no longer use or we cannot take back any uses or disclosures already made with of Privacy Officer at Oak Street Medical, 1488 Oak Street, e recipient of the information and state that you are revoking this osure by the recipient and is no longer protected under federal