Santiam Hospital & Clinics

AUTHORIZATION FOR HEALTH INFORMATION DISCLOSURE

Patient name	Birthdate	Address		
Email	Telephone	City	State	Zip code

for information from only the past twelve months, check the following box: ☒

OR include date range in the following fields: Information begin date _____ Information end date _____

For the patient above, I authorize Santiam Hospital to disclose the following information:

- ☐ *complete* hospital health information record
- ☐ *only* outpatient medical issue summary list
- ☐ *only* reports dictated by healthcare providers
- ☐ *complete* outpatient health information record
- ☐ *only* reports about diagnostic imaging studies
- ☐ *only* results of laboratory tests
- ☐ other (specify): _____

that includes information about the following conditions:

- ☐ dependency on alcohol or other drugs
- ☐ HIV status and AIDS
- ☐ diagnoses made through genetic test results
- ☐ psychiatric illness

to the following party:

Party to receive information			Telephone
Address	City	State	Zip code

for the following purpose: _____

I understand that this authorization will remain effective for one year after the signature date and that I may withdraw authorization at any time, except under circumstances in which action was taken before withdrawal. I understand that if protected health information is disclosed to the above party, the information may no longer be protected by privacy laws and might be disclosed again by that party.

Santiam Hospital, its staff, and its Medical Staff are released from all legal responsibility and liability for disclosure, to extent described above, of the above information.

Patient or legal representative printed name	Relationship to patient
Patient or legal representative signature	Signature date

FOR OFFICE USE ONLY: signatory I.D. confirmed: ☐ Health Information Record number: _____ Service charge: _____

FOR AUTHORIZATION WITHDRAWAL ONLY: I, the signatory above, withdraw the above authorization for health information disclosure.

Patient or legal representative signature	Signature date