

McKenzie Family Practice Records Release Form

Send Records to:
McKenzie Family Practice
1755 Coburg Rd., Bldg. #3
Eugene, Oregon 97401
Phone: (541) 726-1501
Fax: (541) 744-7322

Patient Name (please print): _____

Date of Birth: _____ Other Names Used: _____

Phone Number (where you can be reached): _____

I authorize the release of my medical records:

From: (doctors name, address and phone number): _____

To (doctors name, address and phone number): _____

For the following purpose: Continuation of medical care _____ Relocation _____
Changing of PCP _____ Billing _____ Other _____

Please send the past 2 years of clinical notes and lab reports, and the past 5 years of x-rays, diagnostic tests and operative reports. Additionally, I especially request records regarding:

I understand that:

The purpose of this release is for on-going medical care.

The recipient of these records cannot transfer them to another party without consent from me (or authorized representative), except for purposes of treatment, payment or operations.

Unless specifically requested, we will only release records generated by McKenzie Family Practice.

This authorization will expire in 60 days and can be revoked in writing at any time.

General medical records sometimes contain reference to drug use, alcohol use, rehabilitation treatment, psychiatric treatment, sexual abuse, and other sensitive issues. I agree to release these records.

I have read all of this release and any questions or concerns of mine have been answered.

Signature of Patient or Authorized Representative

Today's Date

I further authorize that all psychiatric, drug, alcohol, Acquired Immunodeficiency Syndrome (AIDS) or HIV/HTLV test results/records be released to the above. In accordance with Oregon State Law (OAR333-12-270 Sub 8) you are required to state the PURPOSE of RELEASE of HIV/HTLV test results/records:

The HIV/HTLV test results may be released from _____ up to and including _____
Today's Date Future Date

Signature of Patient or Authorized Representative

Today's Date

Please return a copy of this patient authorization with records