

# GROSKOPP & RYLAND

ROGUE VALLEY PHYSICIANS, P.C.

800 E. Main Street, Medford, OR 97504

(541) 608-7683 Fax (541) 608-7689

## AUTHORIZATION TO DISCLOSE MEDICAL RECORDS, PER ORS 192.525

***This authorization must be written, dated and signed by the patient or by a person authorized by law to give authorization.***

FROM:

\_\_\_\_\_  
(Name of hospital/ **prior** health care provider)

\_\_\_\_\_  
(Address OR Fax of **prior** provider)

**To disclose a copy of the medical information for:**

\_\_\_\_\_  
(Name of patient)

\_\_\_\_\_  
(Date of Birth)

**TO: Groskopp & Ryland**  
800 E Main St  
Medford, OR 97504  
Phone: 541-608-7683  
Fax: 541-608-7689

☐ Kristine Groskopp, DO

☐ Mary Barnum, FNP-C

☐ Dannielle Byers, FNP-C

### Information to be Used or Disclosed

By **initialing** the spaces below, I specifically authorize disclosure of the following medical records, if they exist:

\_\_\_ Last year of chart notes, Medication list, Last Mammogram, Labs, Colonoscopy, Imaging, Special Studies, Cardiac & Pathology

**OR from Date** \_\_\_/\_\_\_/\_\_\_ **to** \_\_\_/\_\_\_/\_\_\_ **please send:**

\_\_\_ Clinician office chart notes

\_\_\_ Telephone notes

Other \_\_\_\_\_

\_\_\_ Laboratory reports

\_\_\_ Medication list

\_\_\_ Diagnostic imaging reports

\_\_\_ External specialist consults

\_\_\_ Immunization records

\_\_\_ Hospital and urgent care records

**PROTECTED OR SENSITIVE INFORMATION: I UNDERSTAND THAT CERTAIN INFORMATION CAN NOT BE RELEASED WITHOUT SPECIFIC AUTHORIZATION AS REQUIRED BY FEDERAL STATE.**

**BY INITIALING, I AUTHORIZE THE RELEASE OF THE FOLLOWING PROTECTED OR SENSITIVE INFORMATION:**

\_\_\_ HIV/AIDS/STD related records

\_\_\_ Mental health information

\_\_\_ Genetic testing information

\_\_\_ Drug/alcohol diagnosis, treatment or referral information

### Expiration Date of Authorization

This authorization is effective for six months unless revoked or terminated by the patient or the patient's representative.

### Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Groskopp & Ryland. You should contact the Office Manager/Compliance Officer to terminate this authorization. The only exception is when action has already been taken in reliance on the authorization.

### Potential for Re-Disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of patient or person authorized by law)

\_\_\_\_\_  
Relationship of Patient Representative to Patient (if signed by other than the Patient)