



Oregon Health & Science University
Hospitals and Clinics
Health Information Services /
Medical Correspondence
 3181 SW Sam Jackson Park Rd,
 Mail Code: OP17A
 Portland, OR 97239-3098
 (503) 494-8521, Fax (503) 494-6970

ACCOUNT NO.
 MED. REC. NO.
 NAME
 BIRTHDATE

Stamp Patient Card Here

REQUEST TO INSPECT OR OBTAIN A COPY OF OWN HEALTH INFORMATION

(There may be a fee for the processing and copying of your health records)

Please complete the following information. (Please print)

PATIENT NAME _____
Last First Middle

BIRTH DATE _____ MEDICAL RECORD NO. _____

1. How would you like to receive the requested health information?

- Mail to my current address: _____
(Current Address)
- Pick-up (You will be required to provide photo identification.) Please provide a phone number to contact you when ready: _____
(Phone Number)
- Review in person (You will be required to provide photo identification.) Please provide a phone number to contact you to schedule an appointment: _____
(Phone Number)
- Other _____

2. Indicate the health information you wish to receive (see definitions below):

____ Physician reports ____ X-rays ____ Labs ____ ED ____ Billing ____ Immunizations
 ____ Other, specify _____

3. If outpatient practice/clinic records are needed, please indicate the specific clinic:

- ____ On campus clinics (Dentistry, Dermatology, Ortho, Casey Eye, etc.) specify:

- ____ Off campus clinics (Beaverton, Gabriel Park, Sellwood, Russell Street, etc.) specify:

- ____ Other (specify): _____

Date: _____

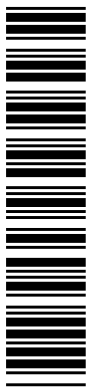
Signature of Patient or Legal Representative _____
(For identification purposes only)

Printed Name of Legal Representative (If applicable) _____

Legal Representative's Relationship to Patient (If applicable) _____

DEFINITION OF REPORTS:

- Physician reports include Discharge Summary, History & Physical exam, any procedures or operations, Clinic Visit Notes
- X-rays include X-ray reports, Ultra sound, MRI, and special Imaging reports
- Labs – all laboratory test results
- ED – Emergency Department reports by physician
- Billing – Hospital and / or clinic billing information
- Immunizations – all immunization records
- Other – Specify information not listed



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