



**Oregon Health & Science University
Hospitals and Clinics
Information Privacy and Security Office**
3181 SW Sam Jackson Park Rd.
Mail Code: ITG 05
Portland, OR 97239-3098
(503) 494-0219, Fax (503) 494-4828
privacy@ohsu.edu

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Continued from page 1

Patient Identification

SECTION B: OHSU to complete the following.

DATE REQUEST RECEIVED FROM INDIVIDUAL _____

PERSON RECEIVING REQUEST _____

DATE ACCOUNTING SENT TO INDIVIDUAL _____

PERSON SENDING ACCOUNTING _____

METHOD BY WHICH ACCOUNTING WAS DELIVERED:

Mail In-person Electronic means Other _____

Staff comments _____

Signature of Staff Member _____ Date: _____ Time: _____

Print Name and Title _____

Department/Area _____