



Authorization to Disclose Protected Health Information To
NUNM Health Centers

\*Patient Name: \_\_\_\_\_ \*Date of Birth: \_\_\_/\_\_\_/\_\_\_ \*Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_
Mailing address City State Zip

\*Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Outside Provider / healthcare facility name Fax: \_\_\_\_\_

\*Address: \_\_\_\_\_
Mailing address City State Zip

\*To disclose my healthcare information to this NUNM Provider \_\_\_\_\_ at the
following location (a list of all of our locations is on the following page):

- Checkboxes for NUNM Lair Hill Health Center and NUNM Community Health Centers with address and phone information.

\*By CHECKING the spaces below, I authorize release of the following records:

- Checkboxes for Lab / Pathology reports, Imaging reports, Clinical records, and Clinical Summary.

Box containing additional checkboxes for HIV/AIDS, Drug/Alcohol, Mental Health, and Genetic testing information, plus a description field.

For the specific purpose of:

This authorization will expire 180 days from the date of signing.
As required by the Privacy Regulations, NUNM Health Centers may not use or disclose your protected health information except as provided in our Notice of Privacy Practices without your authorization.
I understand that the information disclosed above may be re-disclosed to additional parties and no longer protected for reasons beyond our control.

I understand I have the right to:

- Numbered list of 7 rights: 1. Revoke this authorization... 2. Knowledge of any remuneration... 3. Inspect a copy... 4. Refuse to sign... 5. Receive a copy... 6. Restrict what is disclosed... 7. I also understand that if I do not sign...

Signature line and date line.

\*Signature of Patient or Patient's Authorized Representative (Relationship)
\*Minors- a minor patient's signature is required in order to disclose information related to reproductive care, sexually transmitted diseases (if age 14 and older), HIV/AIDS (if age 14 and older), drug and/or alcohol abuse (if age 13 and older), and mental health or illness (if age 13 and older).

**NUNM Health Centers Locations:**

**BEAVERTON**

**NUNM Beaverton Health Center**  
11975 SW 2<sup>nd</sup> St  
Fax: 503.430.7914

**NE & N PORTLAND**

**PCC Workforce**  
5600 NE 42nd Bldg 2  
Fax: 503.226.8133

**SW PORTLAND**

**Pivot**  
209 SW 4th Ave.  
Fax: 503.226.8133

**Mt. Olivet**  
8725 N. Chautauqua  
Fax: 503.226.8133

**NW PORTLAND**

**Rose Haven**  
627 NW 18<sup>th</sup> Ave.  
Fax: 503.226.8133

***\*If you are requesting records on behalf of one of the following organizations, please contact their facility directly; Pacific Psychology Clinic, Asian Health & Service Center, VOA WRC, VOA MRC, In Act, Beaver Creek Clinic***