## Authorization to Disclose Protected Health Information From the NUNM Health Centers

*Patient Name:			*Date of Birth:/*Phone:		
*Add	ress:				
	Mailing ad	ddress	City	State	Zip
I her	eby authorize the	NUNM Health Ce	nters to disclose my	healthcare informa	ation to:
*Nan	ne.			Phone:	
*Name:		Provider / healthcare	e facility name		
				Fax:	
*Add	lress:				
	Mailing a	ddress	City	State	Zip
			from this NUNM Protions is on the following		at the
	3025	# Health Center SW Corbett Ave and, OR 97201	└─ Clinic: Fax:		
		e: 503.552.1551 503.226.8133	(list of	clinics/fax# on back	of form)
*By <b>(</b>			ze release of the follow	ving records:	
	Lab / Pathology report	s – past 6 months	Imaging repor	ts – past 1 year	
		-	Clinical record	-	to / /
	Imaging reports – pas				
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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).

ROI from NUNM Health Centers/ Rev 6/27/16 STM

## **NUNM Community Clinic Locations:**

**BEAVERTON** 

**NUNM Beaverton Clinic** 

11975 SW 2<sup>nd</sup> St Fax: 503.430.7914

**SW PORTLAND** 

**NUNM at Pacific Psychology Clinic-Downtown Portland** 

1411 SW Morrison Ave Fax: 503.352.2403

C.A.P

209 SW 4th Ave. Fax: 503.226.8133

**SE PORTLAND** 

**Asian Health & Service Center** 

3430 SE Powell Blvd. **Fax: 503.872.8825** 

In Act

10564 SE Washington **Fax: 503.228.9558** 

**VOA WRC** 234 SE 7<sup>th</sup> Ave **Fax: 503.226.8133**  **NE & N PORTLAND** 

PCC Workforce 5600 NE 42nd Bldg 2 Fax: 503.226.8133

Mt. Olivet

8725 N. Chautauqua **Fax: 503.226.8133** 

**VOA MRC** 

2318 NE MLK Jr. Blvd Fax: 503.226.8133

**NW PORTLAND** 

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

**HILLSBORO** 

**NUNM at Pacific Psychology Clinic-Hillsboro** 

222 SE 8<sup>th</sup> Ave, Suite 212 **Fax: 503.352.7250**