



TUALITY HEALTHCARE
An OHSU Partner

- Hillsboro Endocrine Clinic
- Hillsboro Internal Medicine
- Hillsboro Surgical Associates
- Hillsboro Hematology & Oncology
- Orenco Station Medical Group
- Tuality Obstetrics & Gynecology
- Westside Medical Clinic
- Westside Urology Associates

AUTHORIZATION TO COMMUNICATE PROTECTED HEALTH INFORMATION

In general, the HIPPA privacy policy rule gives the individuals the right to request restrictions on uses and disclosures of health information (PHI). The individual is also provided the right to request confidential communications of PHI be made by alternative means.

I wish to be contacted in the following manner (check all that apply).

- Home Telephone _____
 - OK to leave message with detailed information
 - Leave message with call back number only
- Other Telephone _____
 - OK to leave message with detailed information
 - Leave message with call back number only
- Written communication
 - OK to mail to my home address
- OK to discuss personal health information with _____

This authorization will be ongoing, but can be amended or revoked at any time by signing a new authorization form.

Patient Signature

Date

Print Name

Date of Birth