



Promoting true health and healing.

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STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION TO TRUE HEALTH MEDICINE, PC.

Information to be Used or Disclosed

The information covered by this authorization includes: (Please initial all applicable categories to be disclosed)

- Clinician office chart notes
- Pathology reports
- Laboratory reports
- Diagnostic imaging reports
- Physical therapy records
- Emergency and urgency care records
- All hospital records
- Transcribed hospital reports
- Other: _____

Persons Authorized to Use or Disclose information

Information listed above will be used or disclosed by:

Name of person or organization

Address of organization

Persons to Whom Information May Be Disclosed

Information described above may be disclosed to: True Health Medicine, PC

Expiration Date of Authorization

This authorization is effective through ____ / ____ / ____ unless revoked or terminated by the patient or the patient's personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to True Health Medicine, PC.

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

Signature

Name of Patient (Print or Type)

Signature of Patient Date

Signature of Patient Representative Date

Relationship of Patient Representative to Patient