RMA
REHABILITATION MEDICINE ASSOCIATES
OF EUGENE-SPRINGFIELD P.C.

242 COUNTRY CLUB ROAD
EUGENE, OREGON 97401-2477
PH: (541) 683-4242
FX: (541) 343-5078
WWW.RMAEUG.COM

AUTHORIZATION
TO DISCLOSE MEDICAL RECORDS

I authorize:_____
(Name of Hospital / Health Care Provider)

To release a copy of the medical information for:_____ _____
(Name) *(Date of Birth)*

This authorization is for records consisting of:
Medical Records (including chart notes)
Lab & X-rays (including reports)
History and Physicals
Discharge Summaries

Release to:
REHABILITATION MEDICINE ASSOCIATES
OF EUGENE-SPRINGFIELD, PC (RMA)
242 COUNTRY CLUB ROAD
EUGENE, OR 97401
PHONE: (541) 683-4242 / FAX: (541) 343-5078

For the purpose of: **MEDICAL TREATMENT AND CONTINUITY OF CARE**

I understand that such records may contain information regarding sexually transmitted diseases, HIV/AIDS, alcohol and/or drug abuse, mental health psychiatric records, and give my special consent to release such records to/from the above parties. I authorize use of a dated signed photocopy for the information requested.

I understand I have the right to revoke this Authorization at any time, provided it is done in writing. I understand if I revoke this Authorization, you will no longer use or disclose information about me for the reasons covered by this written Authorization, and you cannot take back any uses or disclosures already made with my permission.

I understand that this Authorization will expire 180 days from the date of signing, or the end of the period reasonably needed to complete the disclosure for the above-described purpose.

I have reviewed and I understand this Authorization. I also understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer be protected under federal law.

By: _____ _____
(Signature of patient) *(Date)*

- OR -

By: _____ _____
(Signature and name of Patient Representative) *(Date)*

_____
(Description of Representative Authority, e.g. Mother of minor child)