55 West Tietan Street
Walla Walla, WA 99362
Phone: 509-525-3720
Fax: 509-525-6897
www.wallawallaclinic.com
roi@wallawallaclinic.com

FOR OFFICE USE ONLY
ROI Rec'd: ______
ROI Faxed: ______
Records Rec'd: ______
Format Rec'd: ______

AUTHORIZATION TO USE, DISCLOSE AND RELEASE PATIENT HEALTH AND/OR BILLING INFORMATION

Patient Name ______ Date of Birth ______

Address ______ Phone ______

E-Mail Address ______ Previous Name (if applicable) ______

I HEREBY AUTHORIZE

Individual/Agency* ______

Address ______

City, State, Zip ______

Phone ______

TO PROVIDE INFORMATION TO

Individual/Agency* ______

Address ______

City, State, Zip ______

Phone ______

**Each Individual / Agency requires an individual form*

INFORMATION TO BE RELEASED (select all that apply)

☐ Physician Notes
☐ History & Physical
☐ Immunizations
☐ Radiology Images
☐ Radiology Reports
☐ Operative Reports
☐ Lab/Pathology Reports
☐ EKG
☐ Billing ______
☐ Other ______

REASON FOR INFORMATION RELEASE

☐ Continuation of care
☐ Copies for personal use
☐ Insurance
☐ Legal

FORMAT REQUESTED

☐ Paper
☐ Fax ______
☐ Email ______

MY RIGHTS / MY AUTHORIZATION

I understand that my records may contain information regarding the diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, drug and/or alcohol abuse, mental illness, psychiatric treatment, or genetic information. I give my specific authorization for these records to be released:

EXCLUDE the following information from the medical records being released (**please initial**):
_____ Drug/Alcohol abuse/treatment & diagnosis
_____ HIV/AIDS diagnosis/treatment/testing
_____ Genetic Information
_____ Sexually Transmitted Disease
_____ Mental Illness or Psychiatric diagnosis/treatment

This authorization will expire within 1 (one) year from the date signed. I may revoke this authorization in writing at any time, provided that the information has not yet been released. To view the process for revoking this authorization, please read the Privacy Notice to our patients. I understand that once the Walla Walla Clinic discloses health information, the person or organization that receives it may re-disclose it, at which time it may no longer be protected under Privacy laws. I understand I do not have to sign this authorization in order to receive health care benefits.

_____ (**please initial**): I authorize Walla Walla Clinic staff to leave a voicemail that may contain detailed health information.

SIGNATURE

Signature of Patient or Legally Responsible Party ______ Date ______

Relationship to patient, if not signed by patient ______

MINOR PATIENT SIGNATURE** (age 13-17) ______ Date ______

*** Patient verification will be required to confirm identity*

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Walla Walla Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Walla Walla Clinic does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Walla Walla Clinic:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services please contact our clinic Interpreter, or Administration, at 509-525-3720.

If you believe that Walla Walla Clinic has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you have the right to file a grievance with:

Walla Walla Clinic Administration — Phone 509-525-3720
55 W Tietan St. — Fax 509-522-1593
Walla Walla, WA 99362

You may file a grievance in person, phone, mail or fax. If you need assistance filing a grievance please contact our clinic Interpreter, or Administration at the number above.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F,
HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-509-525-3720 extensión 1221.
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-509-525-3720, 1221。
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-509-525-3720, 1221.
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-509-525-3720, 1221 번으로 전화해 주십시오.
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-509-525-3720, 1221.
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-509-525-3720, 1221
УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-509-525-3720, 1221.
ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវាជំនួយខ្ននកភាសា បោយមិនគិត្ឈួល គឺអាចមានសំរាប់បរើអ្នក។ ចូរ ទូរស័ព្ទ 1-509-525-3720, 1221
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-509-525-3720, 1221 まで、お電話にてご連絡ください。
ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-509-525-3720, 1221.
XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-509-525-3720, 1221.
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-509-525-3720, 1221
ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਿ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਧ ਿੱਚ ਸਹਾਇਤਾ ਸੇ ਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧਿ ਹੈ। 1-509-525-3720, 1221 'ਤੇ ਕਾਲ ਕਰੋ।
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-509-525-3720, 1221
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວ ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫ ຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-509-525-3720, 1221.