

REQUEST FOR RESTRICTION ON USE OR DISCLOSURE OF HEALTH INFORMATION TO A HEALTH PLAN



Please send this form to:

The Oregon Clinic Medical Records Department (ATTN: Clinical Content Manager) by:

FAX: (503) 935-8404 or **E-MAIL*:** compliance@orclinic.com or **MAIL:** 541 NE 20th Ave. Ste. 225, Portland, OR 97232

Communications via e-mail are not secure

PART A: INDIVIDUAL TO COMPLETE (please print):

Name (last, first, middle): _____

Date of Birth: _____ Telephone No.: _____

Address: _____

Medical Record No.: _____

REQUEST:

I have paid out of pocket in full for the item/service and I request that The Oregon Clinic (TOC) restrict the use and/or disclosure of my health information to the following Health Plan(s):

Please identify the item or service that is subject to the requested restriction:

ACKNOWLEDGEMENT OF CONDITIONS OF RESTRICTION:

I understand that TOC is required to agree to my requested restriction(s). **The requested restriction only applies to release of information to a Health Plan for purposes of payment or health care operation, and only relates to health information for which I paid in full.** The restriction is effective (unless emergency or treatment circumstances require otherwise) until I agree to or request that the restriction be terminated.

Date: _____

Patient or Legal Representative signature: _____

Print Name of Legal Representative (if applicable): _____

PART B: TO BE COMPLETED BY COMPLIANCE DEPARTMENT:

Staff comments:

Signature of staff: _____ Date: _____

Name/Title of staff: _____

Department/Area: _____

Notice of Availability

If you speak another language, free language assistance services and appropriate auxiliary aids and services are available to you. Let us know how we can help.

Spanish

Si usted habla español, hay disponibles para usted servicios gratuitos de asistencia de idiomas y dispositivos y servicios auxiliares adecuados. Infórmenos cómo podemos ayudarlo.

Vietnamese

Nếu quý vị nói Tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các phương tiện và dịch vụ hỗ trợ phù hợp dành cho quý vị. Xin hãy cho chúng tôi biết cách chúng tôi có thể trợ giúp cho quý vị.

Chinese

如果您说 中文，我们可提供免费的语言帮助，以及适当的辅助援助和服务。请告知我们，您需要什么样的帮助。

Russian

Если вы говорите на русском, мы можем предоставить бесплатно помощь на вашем языке, а также и соответствующие вспомогательные средства и услуги. Сообщите нам, как мы можем помочь.

Korean

한국어 를 구사하시는 경우 무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 이용할 수 있습니다. 어떻게 도와드릴 수 있는 지 알려주세요.

Ukrainian

Якщо ви розмовляєте цією мовою: українська, то можете отримати безкоштовну допомогу й послуги, зокрема мовні. Повідомте нам, чим ми можемо допомогти.

Japanese

日本語を話される方は、無料の言語支援サービスや適切な補助器具やサービスをご利用いただけます。 私たちがどのようにお手伝いできるかお知らせください。

Arabic

إذا كنت تتحدث [العربية]، فستتوفر لك الخدمات المجانية بشأن المساعدة اللغوية مع المعونات الملائمة والخدمات المساعدة. دعنا نعرف كيف يمكننا مساعدتك.

Romanian

Dacă vorbiți română, serviciile gratuite de asistență lingvistică și ajutoarele auxiliare adecvate sunt disponibile pentru dumneavoastră. Informați-ne cum vă putem fi de ajutor.

Thai

ถ้าคุณพูดภาษาไทย มีบริการช่วยเหลือด้านภาษาฟรี รวมถึงความช่วยเหลือและบริการเสริมที่เหมาะสมแก่คุณ แจ้งให้เราทราบที่เราสามารถช่วยได้อย่างไร

German

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen und geeignete Hilfsmittel und Dienstleistungen zur Verfügung. Teilen Sie uns mit, wie wir helfen können.

Persian

اگر به زبان فارسی صحبت می کنید، خدمات رایگان زبانی و وسایل و خدمات کمی مناسب در دسترس شما هستند. به ما اطلاع دهید که چگونه می توانیم کمکتان کنیم.

Somali

Haddii aad ku hadasho Soomaali, adeegyada kaalmada luqadda bilaashka ah iyo kaalmooyinka iyo adeegyada ku habboon ayaa diyaar kuu ah. Nala soo socodsii sida aan u caawin karno.

French

Si vous parlez français, des services d'assistance linguistique gratuits et des aides et services auxiliaires appropriés sont à votre disposition. Dites-nous comment nous pouvons vous aider.

Khmer

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាខ្មែរដោយឥតគិតថ្លៃ និងឧបករណ៍ជំនួយនិងសេវាជំនួយសមស្រប មានសម្រាប់អ្នក។ សូមអនុញ្ញាតឱ្យយើងដឹងថា យើងអាចជួយអ្នកបានដោយរបៀបណា។