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## Kaiser permanente release of information form oregon

Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inland Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057 Loading...just a moment.... A basic summary of your online health record. It meets most needs, including changing your physician or switching to another health plan. Learn more. Visit my medical records to view and print your or your family members' most commonly requested medical records and reports from Kaiser Permanente Northwest, including the following: You can specify the date range, which medical records, and the party receiving the copy of your medical records. Allow 5 business days for the completion of your request.

Note: Hospital and Medical Office records are released as part of this request unless you select "no." If you have been a member at one of our hospitals or former KP members can access most of their medical records from Kaiser Permanente Northwest at any time from kp.org. Access your record by doing the following: Log in to kp.org and choose Medical Record from the menu at the top. Select from options on the menu on the left side of the screen and follow the onscreen prompts to view and/or download the most commonly requested medical records, including immunizations, test results, visit summaries, and hospital records. Records not available on kp.org can be sent to you upon request. Send an email to nw.roi@kp.org identifying yourself with name, birthdate, health record number, and phone number. Supply a date range for the records you need, and they will be sent to your email address on file in a secure password-encrypted PDF format. You will be able to open the file on any computer or smart phone and have the ability to search it, print it, or forward it. If you aren't certain if your email address on file is correct, please contact Membership Services to update your records. If you want your medical records sent to a third party, including a family member, your signature is required. Complete and sign in advance. An authorization for Kaiser Permanente's User/Data Release Policy and Privacy Information must accompany all requests for release of information. Please see below link for details.

Note: Not all signed forms may be processed; some require payment. See below via email: n.w.roi@kp.org Mail: Kaiser Permanente Release of Information Department 10220 SE Sunnyside Road, Clackamas, OR 97015 Cost of records Electronic records are provided free of charge to patients, whether current or former members. IF printed records are required, up to 25 pages are provided free of charge. Additional pages are subject to a per-page printing fee and shipping costs via secure carrier. Please contact us via email at nw.roi@kp.org or call at 503-571-5051 for cost information. Third parties requesting records are charged \$16.50, representing the average cost of producing records, plus sales tax, if applicable. Third parties should supply an email address to receive password-encrypted medical records.



Visit my medical records to view and print your or your family members' most commonly requested medical records and reports from Kaiser Permanente Northwest, including the following: You can specify the date range, which medical records, and the party receiving the copy of your medical records. Allow 5 business days for the completion of your request. Note that Hospital and Medical Office records released as part of this request may contain references related to mental health, addiction, and HIV conditions.

Order an electronic copy of your detailed medical records. Current and former KP members can access most of their medical records from Kaiser Permanente Northwest at any time from kp.org.

[illegible]

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**KAISER PERMANENTE.**  
Kaiser Foundation Hospitals  
Southern California Permanente Medical Group

**AUTHORIZATION FOR RELEASE AND / OR DISCLOSURE OF MEDICAL INFORMATION**

Treatment, payment, enrollment or eligibility for benefits will not be conditioned on my providing or refusing to provide this authorization.

Please **REQUEST** Medical Information **FROM:** \_\_\_\_\_ Please **SEND** Medical Information **TO:** GIN RONSIN  
PHOTOCOPY INC

Name of Health Care Provider \_\_\_\_\_ Name of Person or Entity to Receive Information \_\_\_\_\_  
Name of Medical Office/Hospital \_\_\_\_\_ Title (Physician, Therapist, Attorney) \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release and / or disclose the medical information as indicated below to the health care provider, entity, or person I have indicated above.

**Release and / or disclose records and information regarding:**

Name of Patient (List Other Names Used) Medical Record Number Date of Birth \_\_\_\_\_  
Address City/State/Zip Code Telephone Number \_\_\_\_\_

**DURATION:** This authorization shall become effective immediately and shall remain in effect until \_\_\_\_\_ (enter date) or for one year from the date of signature if no date entered.

**REVOCATION:** This authorization may be revoked in writing by the undersigned at any time prior to the release of information from the disclosing party. Written revocation will not affect any action taken in reliance on this authorization before the written revocation was received.

**REDIS-CLOSURE:** I understand that the requester may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless disclosure is specifically required or permitted by law.

**SPECIFY RECORDS TO BE RELEASED AND / OR DISCLOSED:** Check the box and initial which type of information is to be released and / or disclosed:  
☐ General Medical Information (from \_\_\_\_\_ to \_\_\_\_\_)  
☐ Information Regarding Specific Injury or Treatment (from \_\_\_\_\_ to \_\_\_\_\_)  
☐ X-Ray (check one or both): ☐ Films ☐ Reports  
☐ Laboratory Results  
☐ Mental Health (from \_\_\_\_\_ to \_\_\_\_\_)  
☐ Alcohol / Drug (from \_\_\_\_\_ to \_\_\_\_\_)  
☐ HIV Test Results (from \_\_\_\_\_ to \_\_\_\_\_)  
☐ Other (specify): \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Patient's Representative Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Patient's Representative Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Patient's Representative Date \_\_\_\_\_

I request that the health information released and / or disclosed pursuant to this authorization be used for the following purposes only: \_\_\_\_\_

A copy of this authorization is valid as an original.  
I have the right to receive a copy of this authorization. The copy is for me to keep.

\_\_\_\_\_  
Date Signature of Patient or Patient's Representative

\_\_\_\_\_  
Indicate Relationship (if Signed by Other than Patient)

It meets most needs, including changing your physician or switching to another health plan. [Home](#)

Learn more. Visit my medical records to view and print your or your family members' most commonly requested medical records and reports from Kaiser Permanente Northwest, including the following: You can specify the date range, which medical records, and the party receiving the copy of your medical records. Allow 5 business days for the completion of your request.

Note that Hospital and Medical Office records released as part of this request may contain references related to mental health, addiction, and HIV conditions. Order an electronic copy of your detailed medical records. [gexexalo](#) Current and former KP members can access most of their medical records from Kaiser Permanente Northwest at any time from kp.org.

Access your record by doing the following: Log in to kp.org and choose Medical Record from the menu at the top. Select from options on the menu on the left side of the screen and follow the onscreen prompts to view and/or download the most commonly requested medical records, including immunizations, test results, visit summaries, and hospital records. Records not available on kp.org can be sent to you upon request. [naximoteecumuxu](#) Send an email to [nw.roi@kp.org](mailto:nw.roi@kp.org) identifying yourself with name, birthdate, health record number, and phone number. Supply a date range for the records you need, and they will be sent to your email address on file in a secure password-encrypted PDF format.

You will be able to open the file on any computer or smart phone and have the ability to search it, print it, or forward it. [jeggro](#) If you aren't certain if your email address on file is correct, please contact Membership Services to update your records. If you want your medical records sent to a third party, including a family member, your signature is required. Complete and sign in ink the Authorization for Kaiser Permanente to Use/Disclose Protected Health Information (PDF). Send the completed, signed form, and payment (if required, see below) via email, or postal mail to: Email: [nw.roi@kp.org](mailto:nw.roi@kp.org) Mail: Kaiser Permanente Release of Information Department 10220 SE Sunnyside Road, Clackamas, OR 97015 Cost of records Electronic records are provided free of charge to patients, whether current or former members. If printed records are required, up to 25 pages are provided free of charge. Additional pages are subject to a per-page printing fee and shipping costs via secure carrier. Please contact us via email at [nw.roi@kp.org](mailto:nw.roi@kp.org) or phone at 503-571-5051 for cost information. Third parties requesting records are charged \$16.50, representing the average cost of producing records, plus sales tax, if applicable. Third parties should supply an email address to receive password-encrypted medical records. There may be additional charges for radiology images. There is no charge for transferring information to non-Kaiser clinicians for ongoing medical care. Please complete the steps above and include the clinician's complete mailing address, and phone number. Still have questions? [luwikizuiayovca](#) If you have additional questions, click here to contact the Release of Information department for additional assistance. Work leave and accommodations If medically appropriate, a medical certification form can be submitted to an employer or leave administrator to determine your eligibility for: Family and Medical Leave Act (FMLA) Oregon Family Leave Act (OFLA) Paid Leave Oregon (PLO) Washington Paid Family and Medical Leave (PFML) FMLA and OFLA protect your absence from work due to a serious health condition to care for yourself or an eligible family member. PLO and PFML provide financial benefits in addition to work leave protection. All four programs accept the federal FMLA medical certification form Kaiser will provide. No other forms are required. Refer to your employer or leave administrator for details on your organization's policies on timing for requesting leave and how to submit your form. Click the link below to request medical certification. Do not submit forms for medical certification (FMLA, OFLA, PLO, or PFML) directly to your clinician. Requests submitted through the link below will be routed to your clinician for review. The amount of time certified is based on in-depth review of your medical record and may not always reflect your original request.

Request FMLA medical certification Patients who do not have their own kp.org account or are unable to access kp.org through their personal login and password information must request medical certification by completing and submitting this Intake form to [nw.roi@kp.org](mailto:nw.roi@kp.org). These definitions will assist you in making your request: Continuous leave: A leave of more than three (3) consecutive days for your own serious health condition or to care for a family member with a serious health condition. Intermittent leave: Leave taken in separate blocks of time due to a serious health condition, such as flare-ups of a chronic condition.

You must provide details about the frequency of flare-ups, e.g., number of episodes per month and duration of episodes. [ravutiohuvuxu](#) A reduced work schedule also falls under intermittent leave. [cereziza](#)

Parental leave for baby bonding: Parental leave is an entitlement and does not require medical certification nor is your clinician's signature required. You only need to provide proof of birth, such as a birth certificate, hospital discharge paperwork, or after-visit summaries. Modification of an existing leave: If any of the above requests require modification after they have already been approved, please contact your clinical team to have your work status updated. Short-term and long-term disability coverage protect employees when they are off the job for a period of time due to illness or injury. These benefits are typically provided through an insurance carrier designated by your employer, who will supply you with a form. Kaiser will substitute a universal attending physician statement that your disability carrier will accept. Complete the following: Submit the form provided to you by your disability carrier. [dakugohce](#)

INCLUDE a completed Intake form (PDF) to initiate your STD/LTD request. INCLUDE a signed authorization form to permit the transmission of your completed form(s) to your insurance carrier.

**KAISER PERMANENTE.**  
Kaiser Foundation Hospitals  
The Permanente Medical Group, Inc.

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION TO KAISER PERMANENTE**

I hereby authorize: \_\_\_\_\_ to disclose to: **Kaiser Permanente at** \_\_\_\_\_

\_\_\_\_\_  
Name of Provider Street Address Location  
City State ZIP

**Records and information pertaining to:**

\_\_\_\_\_  
Patient Name Date of Birth Date of Birth Declining Phone Medical Record Number  
Street Address City State ZIP

**The type and amount of information to be disclosed is as follows (specify dates where appropriate):**

☐ Most recent 2 years of record for adult patients  
☐ Pediatric Record for minor patients  
☐ Immunization Record  
☐ Radiology Reports, from date \_\_\_\_\_ to \_\_\_\_\_  
☐ Radiology Images (exam/dates)  
☐ All Breast Images and Breast Imaging Reports  
☐ Laboratory Results, from date \_\_\_\_\_ to \_\_\_\_\_  
☐ Other records not listed (specify): \_\_\_\_\_

1. I understand that the medical information released may include any and all information concerning treatment of medical history, mental illness, alcohol/drug abuse, and HIV/AIDS information.  
2. I understand that although disclosure of health information for treatment purposes from provider to provider is generally considered a professional courtesy, a health care provider may charge me a fee for disclosure of this health information.  
3. I understand that a Kaiser Permanente provider may review the records to determine what content ultimately becomes part of the patient's Kaiser Permanente medical record.

**PURPOSE:** The health information disclosed will be used for continuing care/treatment purposes.  
**DURATION:** This authorization shall remain in effect for one year from the date of signature unless a different date is specified here (date): \_\_\_\_\_

**REVOCATION:** You or your representative can revoke this authorization upon written request. If you revoke, it will not affect information disclosed before the receipt of the written request.

**REDIS-CLOSURE:** Once this health information is disclosed, how the recipient further discloses it may no longer be protected under federal privacy law (HIPAA). California residents are required to obtain your authorization before further disclosing this information.  
A copy of this authorization is as valid as the original. I have a right to a copy of this authorization.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Signature of Patient's Representative Name (print) and Relationship

Note that Hospital and Medical Office records released as part of this request may contain references related to mental health, addiction, and HIV conditions. Order an electronic copy of your detailed medical records. Current and former KP members can access most of their medical records from Kaiser Permanente Northwest at any time from kp.org. [guinea](#) Access your record by doing the following: Log in to kp.org and choose Medical Record from the menu at the top. Select from options on the menu on the left side of the screen and follow the onscreen prompts to view and/or download the most commonly requested medical records, including immunizations, test results, visit summaries, and hospital records. Records not available on kp.org can be sent to you upon request. Send an email to [nw.roi@kp.org](mailto:nw.roi@kp.org) identifying yourself with name, birthdate, health record number, and phone number. Supply a date range for the records you need, and they will be sent to your email address on file in a secure password-encrypted PDF format. You will be able to open the file on any computer or smart phone and have the ability to search it, print it, or forward it. [jeggro](#) If you aren't certain if your email address on file is correct, please contact Membership Services to update your records. If you want your medical records sent to a third party, including a family member, your signature is required. Complete and sign in ink the Authorization for Kaiser Permanente to Use/Disclose Protected Health Information (PDF). Send the completed, signed form, and payment (if required, see below) via email, or postal mail to: Email: [nw.roi@kp.org](mailto:nw.roi@kp.org) Mail: Kaiser Permanente Release of Information Department 10220 SE Sunnyside Road, Clackamas, OR 97015 Cost of records Electronic records are provided free of charge to patients, whether current or former members. If printed records are required, up to 25 pages are provided free of charge. Additional pages are subject to a per-page printing fee and shipping costs via secure carrier. Please contact us via email at [nw.roi@kp.org](mailto:nw.roi@kp.org) or phone at 503-571-5051 for cost information. Third parties requesting records are charged \$16.50, representing the average cost of producing records, plus sales tax, if applicable. Third parties should supply an email address to receive password-encrypted medical records. There may be additional charges for radiology images. There is no charge for transferring information to non-Kaiser clinicians for ongoing medical care. Please complete the steps above and include the clinician's complete mailing address, and phone number. Still have questions? If you have additional questions, click here to contact the Release of Information department for additional assistance. Work leave and accommodations If medically appropriate, a medical certification form can be submitted to an employer or leave administrator to determine your eligibility for: Family and Medical Leave Act (FMLA) Oregon Family Leave Act (OFLA) Paid Leave Oregon (PLO) Washington Paid Family and Medical Leave (PFML) FMLA and OFLA protect your absence from work due to a serious health condition to care for yourself or an eligible family member. PLO and PFML provide financial benefits in addition to work leave protection. All four programs accept the federal FMLA medical certification form Kaiser will provide. No other forms are required. Refer to your employer or leave administrator for details on your organization's policies on timing for requesting leave and how to submit your form. Click the link below to request medical certification. Do not submit forms for medical certification (FMLA, OFLA, PLO, or PFML) directly to your clinician. Requests submitted through the link below will be routed to your clinician for review.

**KAISER PERMANENTE.**

Patient Name: \_\_\_\_\_  
Medical Record Number: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Do not use for patient copies of or access to their medical records. Patients should go to [kp.org/requestrecords](http://kp.org/requestrecords) to conveniently request medical records, FMLA and Disability certifications.

**AUTHORIZATION FOR USE OR DISCLOSURE OF PATIENT HEALTH INFORMATION**  
To the Following Third-Party Recipient (Fees may be required)

\_\_\_\_\_  
Recipient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

This disclosure can be used for the following purpose(s): ☐ Legal ☐ Insurance ☐ Medical Certification ☐ Other \_\_\_\_\_

Hospital and Medical Office records released as part of this authorization may contain references related to mental health, addiction, and HIV medical conditions documented by primary care.

I authorize the following to be disclosed for the selected time frame:  
☐ Form Completion (a substitute form or relevant medical records may be released in lieu) ☐ Medical Records  
☐ Diagnostic Images ☐ Itemized Billing Records ☐ Pharmacy Copies ☐ Medical Copies  
Time Frame: Last ☐ 2 months ☐ 6 months ☐ 1 year ☐ 2 years ☐ 5 years ☐ All electronic records

Check the boxes below if you want this release to include the protected treating department or HIV initial test result information. If not checked, this treating department information will be excluded.  
☐ Mental Health Treatment Records ☐ Addiction Medicine Treatment Records ☐ HIV Lab Test Results  
Kaiser Permanente Oregon locations need to also check this box if they want Genetic Testing information released. ☐

**DURATION:** Authorization shall remain in effect for 6 months from the date of signature below.

**REVOCATION:** You or your personal representative may cancel this authorization for future releases by submitting a written request to the Release of Information Unit listed for your region of service found on [kp.org/requestrecords](http://kp.org/requestrecords). Your cancellation will not affect information that was released prior to receipt of the written request.

**REDIS-CLOSURE:** Once this information is released, it may not be protected under federal privacy law (HIPAA). State or other federal law may require the recipient to obtain your authorization before further disclosure.

Kaiser Permanente may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization. This disclosure is made at your request. For Virginia patients, a copy of this authorization, and a note stating to whom your information was disclosed will be included in your medical record. A copy of the original authorization is valid. You have a right to a copy of this completed authorization.  
We will provide the requested information in electronic format to the recipient unless the recipient contact us to make other arrangements.

\_\_\_\_\_  
Date Signature \_\_\_\_\_ If personal representative, print name/relationship \_\_\_\_\_

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You must provide details about the frequency of flare-ups, e.g., number of episodes per month and duration of episodes. A reduced work schedule also applies to intermittent leave. Parental leave for baby bonding: Parental leave is an entitlement and does not require medical certification nor is your clinician's signature required. You may need to provide proof of birth, such as a birth certificate, hospital discharge paperwork, or after-visit summaries. Modification of an existing leave: If any of the above requests require modification after they have already been approved, please contact your clinical team to have your work status updated. Short-term and long-term disability coverage protect employees when they are off the job for a period of time due to illness or injury. These benefits are typically provided through an insurance carrier designated by your employer, who will supply you with a form. Kaiser will substitute a universal attending physician statement that your disability carrier will accept.

Complete the following: Submit the form provided to you by your disability carrier. INCLUDE a completed Intake form (PDF) to initiate your STD/LTD request. INCLUDE a signed authorization form to permit the transmission of your completed form(s) to your insurance carrier. Clear photographs of forms are acceptable. INCLUDE your disability claim number on the Intake form. Email all forms to [nw.roi@kp.org](mailto:nw.roi@kp.org). Clear photographs of forms are acceptable. Forms submitted with incomplete information will significantly delay processing of your request. If you are on leave for a continuous period of time, you may need medical clearance from your clinician before you return to work. If you require a release to return to work, please complete the following steps: Contact your clinical team via [kp.org](mailto:kp.org) message to request a Work Status Report or "return to work" note, or make this request by phone to your clinical team (obtain their phone number via [kp.org](mailto:kp.org) or by calling 503-813-2000 or 800-813-2000). In some cases, you may need to schedule an appointment. In your Work Status Report, your clinician may specify any potential limitations you require during your transition to regular duties. Your clinician will make your Work Status Report available as a letter on [kp.org](mailto:kp.org) or make arrangements for you to pick it up. You are responsible for providing your release to your employer.

Under the Americans with Disabilities Act (ADA), employers are required to provide reasonable accommodations to qualified employees with disabilities, unless doing so would pose an undue hardship. A reasonable accommodation is defined as assistance or changes to a position or workplace that will enable an employee to do his or her job despite having a disability. If you require an accommodation, please complete the following steps: Contact your employer, who will either provide a document for your clinical team to complete or direct you on next steps. In some cases, you may need to schedule an appointment. If you are given a form by your employer, use [kp.org](mailto:kp.org) to message your clinical team or call them (obtain their phone number via [kp.org](mailto:kp.org) or by calling 503-813-2000 or 800-813-2000) for further instructions. Do not send ADA paperwork to the Release of Information department as that will delay your request. Still have questions? Click here to contact the Release of Information department for additional assistance. Your record of immunizations can be used for school, camp, and other needs. If you have a form described here, it needs to be completed by your clinician. Do not send these forms to the Release of Information department as that will delay your request. A visit may be required for the items below depending upon your request. Please email your clinical team via [kp.org](mailto:kp.org) for further instructions. You can also find their phone number by calling 503-813-2000, or 800-813-2000 or via [kp.org](mailto:kp.org) to call them for further instructions. Request types include but are not limited to: Seniors and Caregivers - Adult Day Services, Assisted Living Facility (ALF) Orders, Death Certificate, Hospice, Independent Senior Housing, Senior Nursing Facility, SilverSneakers and/or Silver & Fit Child or Dependent Care - Adoption, Children with Disabilities, Headstart, School-related Treatment Plans Health Status Statements - Job Corps, Jury Duty, Plasma Donations, Hunting/Fishing Physical Care and Support - PGE Medical Emergency Certification, Pet Accommodations, TriMet Disabled Rider, Non-Kaiser Permanente Dental Medical Clearance Complete the following: — Please email your clinical team via [kp.org](mailto:kp.org) for further instructions on your specific form request. You can also find their phone number by calling 503-813-2000 or 800-813-2000 or via [kp.org](mailto:kp.org) to call them for further instructions. — Do not send these forms to the Release of Information department as that will delay your request. Records to support managing care and treatment that you may want included in your medical record need to be sent to: Kaiser Permanente Medical Records 10220 SE Sunnyside Road Clackamas, OR 97015 These records may include but are not limited to: Medical Records from Non-Kaiser Permanente Clinicians or Health Care providers Advance Directives Still have questions? If you have additional questions, click here to contact the Release of Information department for additional assistance. Other Authorizations, Consents, and Request Forms Track your requests for Medical Records, Family and Medical Leave Act (FMLA) Medical Certification requests. Frequently asked questions Questions about work leave and accommodations: Q: How do I submit a form or request? A: For forms related to a work leave, such as FMLA or disability, or for a work accommodation, click here. For all other types of forms, it is best to first reach out to your clinical team. Email your clinical team via [kp.org](mailto:kp.org) or locate their phone number via [kp.org](mailto:kp.org) to call them for further instructions or call 503-813-2000 or 800-813-2000. Q: How long should I expect for my request to be fulfilled? A: We process forms in the order received. Employers are required to allow at least 15 days for an employee to return a FMLA certification, and we will make every effort to meet that deadline with FMLA certifications as well as with short-term and long-term disability forms.

Please be aware that incomplete forms will delay your return of your request. In addition, authorization must be provided on the intake form if the completed form is to be sent to anyone other than you, the patient. If the authorization is not signed, the completed form will be sent to the patient. Click here for complete instructions on FMLA and Short and Long-term Disability requests. All other forms will be clinician dependent, please contact your clinical team for further instructions. Email your clinical team via [kp.org](mailto:kp.org), or locate their phone number via [kp.org](mailto:kp.org) to call them for further instructions or call 503-813-2000 or 800-813-2000. Q: What if my form is incorrect or my clinician declines to sign it?

A: If your form was approved with different parameters or not approved, contact your clinician for an explanation. You may need to schedule a telephone appointment with your clinician. Q: How do I receive my completed form?

A: When you request your form, you specify where it should be sent and by what method, including email, fax, or postal mail. Click here for complete instructions on completing the request. Questions about requesting medical records Q: I need medical records, what do I do? A: To request copies of your medical records, click here for complete instructions. If you should have further questions please do not hesitate to call or email us so we may provide clarity. Q: Can I have my medical records sent to someone other than myself?

A: You can designate any recipient as well as the delivery method. Click here for complete instructions.

Q: How long does it take to receive my medical records? A: Record requests are completed in the order received. The time it takes to process a request depends upon the location and format of the records (paper or electronic) and the format and method by which they are to be provided. Click here for complete instructions. In general, medical record requests are completed within 30 days for Oregon residents and 15 days for Washington residents, as required by law. If you have an urgent need, please contact us and we will assist you in meeting your needs. Our contact information can be found here. Q: Where can I get X-Ray images? Q: How do I have my prior medical records added to my Kaiser Permanente record? A: Contact your prior physician(s) to understand their process for sharing medical records. Ask them to send your records to Kaiser Permanente Medical Records, 10220 SE Sunnyside Road, Clackamas, OR 97015 or fax to 877-849-4116 or via email to [nw-med-rec@kp.org](mailto:nw-med-rec@kp.org). Q: Can I come to the Release of Information department to view my records? A: You can access many of your medical records via [kp.org](mailto:kp.org) or we can provide your medical records to you electronically or on paper so that you can review them in the privacy of your home. If you have questions about the content of your records, you can meet with your clinician for an explanation. To request your medical records, click here for complete instructions.

Q: I think I found an error in the information I received. Who do I contact to answer my questions or get it fixed? A: Contact us here and we will assist you. Q: I am having problems opening the secure attachment in my email. Who do I call? A: Call 866-529-0776 for assistance with our Secure File Transfer system. Q: My form or records were emailed to me but I am not seeing anything from you in my inbox. What do I do? A: Check your spam or bulk mail folder first, then contact us here. We will verify your email address and resend information, if necessary. Note that protected health information is sent via Secure File Transfer. You will receive an email asking you to register for a password that enables you to download your records. Q: How can I find out who has seen my medical records? A: The HIPAA Privacy Rule gives you the right to receive an accounting of disclosures made of your protected health information. To receive this information, complete and submit the Request for Disclosure Accounting Report form, which is located at the bottom of the Other Forms and Authorizations page, click here. The Disclosure Accounting Report form includes information about the disclosure accounting process, including what the report includes, what it does not include, cost, and how long it takes to receive the report. Q: I still have questions! A: No problem! Please reach out to our team and we are happy to help. You'll find contact information here. Requests to the Release of Information Department: Due to COVID, we accept mail & email only at this time. In all correspondence, please include the name, date of birth, and health record number of the person who received care. Email: [nw.roi@kp.org](mailto:nw.roi@kp.org) Phone: 503-571-5051 (8 am to 4:30 pm, Monday through Friday). Toll Free: 800-813-2000 Mail: Kaiser Permanente Release of Information Department 10220 SE Sunnyside Road, Clackamas, OR 97015 Requests to your clinical team: Email your clinical team via [kp.org](mailto:kp.org) for further instructions. You may also find their phone number by calling 503-813-2000 or 800-813-2000 or via [kp.org](mailto:kp.org) to call them for further instructions. Still not sure who to contact with your questions? Email or call the Release of Information department using the contact information above, we would be happy to assist you. You have the right to view or get copies of your or your child's medical record. You can view them online or request electronic copies if you get care at a Kaiser Permanente medical office. You can also request your health information be sent to any person or entity. Transfer a record to Kaiser Permanente If you get care from a non-Kaiser Permanente provider, contact them to get copies of your record, or to have your record transferred. Copies should be sent to the Kaiser Permanente location where you will be seen. Transfer or get a copy of your record from Kaiser Permanente Use the following form to transfer your requested health information to a non-Kaiser Permanente provider or facility, to another third party, or for yourself. We accept non-Kaiser Permanente forms if they comply with federal and state law. Kaiser Permanente Washington Authorization for Use or Disclosure of Patient Health Information (PDF) Note: If you are a Washington resident and get treatment in the Vancouver/Longview area, visit [healthy.kaiserpermanente.org/oregon-washington/support/medical-requests](https://healthy.kaiserpermanente.org/oregon-washington/support/medical-requests). Or, if you choose to write a letter, it must include: The patient's signature Identity of the person to receive the record Where to send the medical record Send your request to the appropriate regional location below: Western Washington Kaiser Foundation Health Plan of Washington Centralized Release of Information, RCG-D1N-02 P.O. Box 9812 Renton, WA 98057-9054 206-630-6848 or 1-866-656-4184 Fax: 206-630-6849 Email: [kpwa-roi@kp.org](mailto:kpwa-roi@kp.org) Vancouver/Longview and Northern Oregon Regional Process Center 10220 S.E. Sunnyside Road Clackamas, OR 97015 503-571-5051 Fax: 503-571-2624 Email: [nw.roi@kp.org](mailto:nw.roi@kp.org) Central & Eastern Washington and North Idaho Kaiser Foundation Health Plan of Washington Centralized Health Information Management P.O. Box 204 Spokane, WA 99224 509-241-7824 Fax: 509-232-3127 Email: [kpwa-roi@kp.org](mailto:kpwa-roi@kp.org) To transfer a prescription: Pharmacy Services Processing your request Records will be available within 15 business days. If your record is not available within 15 days, we will let you know, and your record will be ready within 21 days from your original request. If the information requested does not exist or can't be found, we will let you know within 15 business days. This is consistent with state law RCW 70.02.080 and 70.02.090. Medical records are usually provided in electronic format. Only in emergency situations can records be picked up.

A valid photo ID is required. If someone other than the patient picks up a record, we require a note from the patient that specifies who may pick up the record.

A valid photo ID is required. Charges for copies There is no charge for records sent directly to a physician, or those requested by a patient or member. Requests made by parties other than a patient or member may be charged a fee consistent with WAC 246-08-400. Your rights You may revoke release authorization at any time by submitting a revocation form to your health care provider, unless the provider has already acted on the original request. Revocation of Authorization for a Release of Information (PDF) You have the right to request changes to your record. You also have the right to know when information from your record has been inappropriately disclosed. You may request restrictions on the use and disclosure of personal information. Legal Requests for Records Subpoenas, Court Orders and other legal requests for records of Kaiser Permanente of Washington patients may be submitted by fax or email to Release of Information at 877-848-6896 or [kpwa-roi@kp.org](mailto:kpwa-roi@kp.org). This is consistent with WA state law RCW 70.02.060 and court rules CR 5 (7). Radiology images for Vancouver/Longview and Northern Oregon call 503-571-8451. View Radiology Reports Online You may view your radiology reports online if you have registered online and your Kaiser Permanente doctor releases them to your online medical record. However, digital images aren't available for members to view online at this time. Requesting copies You can request copies of your radiology digital images — such as an X-ray or a mammogram — by contacting your Kaiser Permanente clinic. Or, call the Kaiser Permanente Radiology or Imaging Center where you had service; imaging centers are listed below. For echocardiogram results and digital copies, contact your cardiologist. Echocardiograms are not provided by Radiology. Copies of digital images are available on CD.

There is no charge if you are requesting that digital images be sent directly to a non-Kaiser Permanente facility for your ongoing care. Charges may vary for personal copies. Ask about charges when you call to request a copy.

How to Request Copies You can pick up your digital images in person, have them mailed to you, or request that they be sent to a non-Kaiser Permanente provider. While many requests are processed the same or next day, some may take more than 72 hours (excluding weekends and holidays) to process. If you need digital images for an appointment in the next seven business days, it is strongly recommended you pick up your CD in person and take it to your appointment. Fill Out Form and Show ID To request your digital images in person, via mail, or to have them sent to a non-Kaiser Permanente provider, you must complete and sign the Authorization to Release Health Care Information form (PDF). To pick up your CD in person, you must show your driver's license or other approved photo ID. If you need someone else to pick up the CD, that person must bring a note from you. The note should include: your full name, date of birth, and member ID number. It should also include the full name of the person picking up the CD, and their relationship to you. The person must show their driver's license or other approved photo ID. Encrypted CDs Any CD not handed directly to a patient, a patient's legal guardian, or a person with the patient's durable power of attorney will be encrypted according to federal privacy laws. This means that CDs sent to a non-Kaiser Permanente doctor will be encrypted. Instructions are included with encrypted CDs on how to view them on a computer compatible with Windows 2000 and later versions. The unencryption process is fairly simple; however, if digital images will be viewed by a non-Kaiser Permanente provider, it is recommended you pick up an unencrypted CD and take it to your provider.

Kaiser Permanente Imaging Centers Although you can request copies of digital images from any of our medical centers, requests are processed faster through our imaging centers.

Bellevue Medical Center 425-502-3968 Fax: 425-502-3934 Capitol Hill Campus 206-326-3715 Fax: 206-326-2007 Everett Medical Center 425-261-1551 Fax: 425-261-1555 Olympia Medical Center 360-923-7639 Fax: 360-923-7649 Silverdale Medical Center 360-307-7491 Fax: 360-307-7367 Tacoma Medical Center 253-596-3488 Fax: 253-596-3744 Family and Medical Leave Act (FMLA) The Family and Medical Leave Act (FMLA) entitles employees to take unpaid time off work for a total of up to 12 weeks for their own serious health condition or a family member's serious health condition. FMLA defines "a serious health condition" as any illness, injury, impairment, or physical or mental condition that involves either inpatient care or continuing treatment by a health care provider. To learn more about FMLA, go to the federal FMLA site.

Because some applications for family and medical leave require medical certification, Kaiser Permanente has implemented a standardized FMLA process to organize and streamline the review and provider certification of your FMLA forms. Please note, additional appointments may be required if the patient has not had a recent visit for the condition listed. WA State Paid Family & Medical Leave (PFML) The WA State Paid Family and Medical Leave (PFML) is a new benefit for qualifying Washington state employees that allows paid time off for their own or a family member's medical condition, child bonding leave, and/or military leave. As with FMLA, Kaiser Permanente physicians will provide a medical certification for conditions considered medically necessary (up to 12 weeks a year). To see if you qualify for PFML and to create an account/submit your medical certification, go to the state PFML site. Our FMLA/PFML process is now done electronically through your online health record. The patient or family member requesting FMLA/PFML certification will receive a signed, system-generated federal FMLA medical certification form either in person, by fax, or directly from the secure member site. Patients and family members applying for PFML will use the FMLA medical certification to apply directly to the state website.

You do not need this form if you're adopting a child or becoming a foster parent, or for military-related events. You also don't need it to qualify for 12 weeks of paid leave to bond with your new baby when you or your partner give birth. (If you are the parent giving birth, you will need the form for the portion of your paid leave that is considered medical leave.) How to submit paperwork Complete the electronic FMLA and PFML questionnaire through the member's online account, or download and fill out our FMLA/PFML intake form for your own condition (PDF) or to care for your family member (PDF); we do not accept employer FMLA or state PFML forms.

Please note, the patient must be receiving care from a Kaiser Permanente clinician. If you would like to have the paperwork mailed, faxed, or picked up by a third party, you will need to complete a Release of information form (PDF). Note: members applying for PFML will need to create an account and upload certification directly to the state website; Kaiser Permanente is not able to fax requests directly. Print and submit/upload the completed form(s) through your secure online message center, by fax, or at your Kaiser Permanente medical center in person. Find a location near you. FMLA/PFML requests can take up to 15 days to process. Delays in paperwork can occur if sections of the FMLA/PFML intake form are missing or incomplete, the required number of visits for the condition listed has not been met, or the number of available days off has been exhausted. If you have questions, please contact the business office at the clinic in which you are being seen for the condition listed. Note: Your employer's human resources team and/or third-party processing company or WA State's Employment Security Department for PFML requests is responsible for ultimate approval or rejection of your FMLA/PFML request. Kaiser Permanente provides a clinical review of your request, provider's signature, and release of FMLA medical certification form only. More resources If you were asked to fill out a questionnaire before your appointment, you may look it up by department or specialty. Print, fill in your responses, and take to your visit. All questionnaires are in PDF format. Primary Care Women's Health Care/Gynecology For visits with a women's health care provider about a health problem or concern. Women's Health Care (PDF) (For a preventive care visit with a women's health care provider, fill out the appropriate questionnaire in the Primary Care section.) For pre-natal visits with an OB/GYN (questionnaire instructions) (PDF): Pregnancy Care (PDF) Other Departments and Specialties Restrictions on the release of health care information State and federal laws protect certain types of information in medical records. A specific written authorization by the patient or the patient's legally recognized representative might be required to release these types of information: Drug and alcohol abuse treatment Mental illness Sexually transmitted diseases, including HIV/AIDS Minor patients Minor patients have the right to control certain types of healthcare information. They may be required to sign an authorization to release this information: Sexually transmitted diseases including HIV (ages 14-17) Mental health and addiction recovery services (ages 13-17) Reproductive care (all minors) Authorized personal representatives A legally recognized representative is an individual that may act on behalf of a patient when a patient is not competent and cannot make his or her own health care treatment decisions.

In most cases, the personal representative needs legal documentation to demonstrate the authority to sign for the patient. Examples of documentation include a Durable Power of Attorney for health care or letters of guardianship.