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RELEASE OF CLIENT INFORMATION CONSENT FORM

CLIENT FULL NAME:	CLIENT SSN:
CLIENT DOB:	CLIENT INMATE# (if applicable):
ORGANIZATION RECEIVING INFORMATION: Law Office of Westbrook Johnson, LLC 5220 NE Sandy Blvd. Portland, OR 97213 Phone: (503) 389-0582 Fax: (503) 386-2290	ORGANIZATION/INDIVIDUAL RELEASING INFO: NAME: ADDRESS:
PURPOSE OF RELEASE: Legal Matter.	
INFORMATION REQUIRED (please initial): <input type="checkbox"/> All hospital/medical records (including all of the following)* <input type="checkbox"/> Nursing records <input type="checkbox"/> Progress Notes <input type="checkbox"/> Transcribed hospital records <input type="checkbox"/> Medical records needed for continuity of care <input type="checkbox"/> Most recent five-year history <input type="checkbox"/> Laboratory reports <input type="checkbox"/> Pathology reports <input type="checkbox"/> Diagnostic imaging reports <input type="checkbox"/> Other _____	<input type="checkbox"/> Clinician office notes <input type="checkbox"/> Physical therapy records <input type="checkbox"/> Emergency and Urgency care records <input type="checkbox"/> Rx Verification/Other *Must be initialed to be included in other documents. <input type="checkbox"/> HIV/AIDS – related records* <input type="checkbox"/> Genetic testing information* <input type="checkbox"/> Mental health evaluations and treatment* <input type="checkbox"/> Drug and/or Alcohol evaluations and treatment records* Per Federal regulations describe how much and what kind of information is to be disclosed: all _____ _____ _____
EXPIRATION OF CONSENT: One year from date of signing unless previously withdrawn.	
REVOCAION OF CONSENT: THIS CONSENT IS SUBJECT TO REVOCATION AT ANY TIME EXCEPT TO THE EXTENT THAT THE PROGRAM OR PERSON WHICH IS TO MAKE THE DISCLOSURE HAS ALREADY ACTED ON RELIANCE OF IT. NOTIFICATION OF REVOCATION MUST BE SUBMITTED IN WRITTEN FORM AND DELIVERED TO: Law Office of Westbrook Johnson, LLC. 5220 NE Sandy Blvd. Portland OR 97213	
SIGNATURE(S) CERTIFYING APPROVAL FOR RELEASE AND RECEIPT OF CLIENT INFORMATION: *Refusal to sign this authorization will NOT deny you legal services or benefits.	
_____ CLIENT	_____ DATE
NOTICE TO ORGANIZATION RECEIVING INFORMATION: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is NOT a sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.	
REDISCLASURE OF INFORMATION: BY SIGNATURE(S) BELOW, CLIENT FURTHER SPECIFICALLY AUTHORIZES LAW OFFICE OF WESTBROOK JOHNSON, LLC. TO DISCLOSE THE INFORMATION IN THESE RECORDS. IN WHOLE OR IN PART, AS MAY BE APPROPRIATE FOR THE CONTINUING REPRESENTATION IN THESE PENDING LEGAL PROCEEDINGS. *Refusal to sign this authorization will NOT deny you legal services or benefits.	
_____ CLIENT	_____ DATE