Oregon Psychiatric Partners, L.L.P.

3203 Willamette St. ~ Eugene, OR 97405
Phone 541-726-9912 ~ Fax 541-744-4443

PATIENT REQUEST FOR RECORDS

To request your records for personal use, please fill out this form to hep us provide you with the necessary information.
If you are transferring care to a new provider and would like us to send your records directly to the new provider, please contact the office.
This form is not required for the transfer of records between healthcare providers.

Date of Request: _____

Patient Name: _____

Date of Birth: _____

Address: _____

Phone: _____

E-mail Address: _____

Requestors relationship to the patient

Who is requesting records:

- ○ Patient/Self
- ○ Legal Guardian
- ○ Other: (List relationship to the patient) _____

Please tell us what records you are requesting

I am requesting: (choose one)

- ○ All chart notes from the beginning of my treatment at OPP.
- ○ Chart notes for a specific date of: _____
- ○ Chart notes for a specific date span; From: _____ To: _____
- ○ My complete medical record
- ○ A specific document: (please describe) _____

Please tell us how you would like to receive the records

Delivery Method:

- ○ Email: (list email address) _____
- ○ Mail: (documents will be sent to the patient address above)
- ○ Pick up In Office: (patient will pick up documents in person)

Disclaimer

I understand Oregon Psychiatric Partners has up to15 days from the date of this request to prepare my documents.

I understand my first request for records will be provided to me at no cost. Any future requests for the same records will be billed to me at the rate of $18 for the first 10 pages, and an additional .25 cents per page for each additional page starting at page 11.

Authorizing Signature: _____ Date Signed: _____