adapt
Integrated Health Care

Adapt Integrated Health Care
P.O. Box 1121
Roseburg, OR 97470

541-672-2691
adaptoregon.org

REQUEST TO INSPECT, REVIEW, AND/OR COPY A CLINICAL RECORD

If this request is signed by someone other than the patient, a completed Release of Information must accompany this form.

Request Information

Date of request: ______________________________ ____ ID Check

Full Name of Patient: ____

Patient Date of Birth: ______________________________ ____Authorization on File

Patient Requesting Records for: ____ Self ____ Other Party

Patient Prefers to: ____CD Okay ____ Emailed ____Have Records Mailed

____ Have Record (s) Faxed ____ Pick up at Adapt

Patient/Other Party Contact Information

Name: ____

Address: ____

City: _________________________________ State: _______________ Zip Code: _______________________

Phone: _________________________________ Email Address: ____

Request Details

I _________________________________ am requesting to inspect/copy the below clinical record (s) for the purpose of ____.

I am requesting to inspect/receive a copy of the following records:

____ All Substance Use ____All Mental Health ____All Primary Care ____All Opioid Treatment ____Telephone Notes

____Problem List/Diagnosis ____Medication List ____ECG/EKG ____Imaging ____Referrals

____Letters ____Document Library ____Progress Notes ____Assessment ____UA Results

____Letter of Completion ____Dates of Service from ___________ to ___________

____Other (specify): ____

____ ______________________________________

Signature of Person Requesting Information Date

How to Submit Requests

By Mail:
ATTN: HIMS Dept.
Adapt Integrated Health Care
P.O. Box 1121
Roseburg, OR 97470

By Fax:
1-844-926-1370

By Email:
Email records@adaptoregon.org

For Questions:
Call (541) 464-3929