Murphy Creek Wellness

205 N Phoenix Rd., Ste. 325 | Phoenix, Oregon 97535
P: (541) 690-1525 | F: (541) 690-1527 | MurphyCreekWellness.com

Consent to Release Protected Health Information

Patient Name_____ Date of Birth_____

Consent

I request Murphy Creek Wellness to release protected healthcare information to:

Name_____ Relationship to Patient_____

Phone #_____ Permission to leave message?_____

Name_____ Relationship to Patient_____

Phone #_____ Permission to leave message?_____

Name_____ Relationship to Patient_____

Phone #_____ Permission to leave message?_____

This request and authorization applies to: (please check below)

☐ All healthcare information (Medical and Billing)

☐ Healthcare information relating to the following treatment, condition or dates:

_____

_____

☐ Other_____

☐ Permission to leave message

I understand that this designation applies only to Murphy Creek Wellness.

Patient Signature_____ Date Signed_____

Revocation/Termination

I request to revoke/terminate the designation made above.

Patient Signature_____ Date Signed_____