

**AUTHORIZATION TO COMMUNICATE
PROTECTED HEALTH INFORMATION**

**Tuality Digestive Health and
General Surgery Clinic**

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In general, the HIPPA privacy policy rule gives the individuals the right to request restrictions on uses and disclosures of health information (PHI). The individual is also provided the right to request confidential communications of PHI be made by alternative means.

I wish to be contacted in the following manner (check all that apply).

- ☐ Home Telephone _____
- ☐ OK to leave message with detailed information
- ☐ Leave message with call back number only
- ☐ Other Telephone _____
- ☐ OK to leave message with detailed information
- ☐ Leave message with call back number only
- ☐ Written communication
- ☐ OK to mail to my home address
- ☐ OK to discuss personal health information with _____
- _____
- _____

This authorization will be ongoing, but can be amended
or revoked at any time by signing a new authorization form.

Patient Signature

Date

Print Name

Date of Birth



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