REQUEST FOR HEALTH RECORDS

Oregon Imaging Centers respects your right to access your health information per state and federal regulations. Please note that electronic records are available only when the health information is maintained electronically. **One copy for your personal records is provided free of charge. A $10 fee may apply for additional copies.**

Images will be shared through Nuance PowerShare, which provides secure access from any internet-connected device. Patients are responsible for creating and managing their own PowerShare account. Reports can be mailed or sent by encrypted email.

LAST NAME	FIRST	DATE OF BIRTH

I am requesting the following medical records for my personal use. Exam Date: _____

1. RECORD TYPE (Check one)

☐ Exam Report only

☐ Exam Images & Report (will be shared through PowerShare)

☐ Itemized Billing Statement (for HSA Submission)

2. DELIVERY METHOD

Reports and billing statements:

☐ Mail to address below

☐ Email (all email communication will be sent in an encrypted format; patient understands that electronic communication may still carry some risk)

☐ Pick up records at the following location: ☐ University District ☐ Riverbend Pavilion

Imaging studies:

☐ Share via Nuance PowerShare (requires valid email address)

PowerShare requires patients to create and manage their own account. You will receive an email invitation from Nuance PowerShare to access your images.

STREET ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (required for PowerShare)		

Picture ID – government or school ID required at time of pick-up, or include a copy with form.

► _____ _____

(SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT) DATE

► _____ _____

(PRINT NAME OF PERSON AUTHORIZED TO SIGN FOR PATIENT) RELATIONSHIP TO PATIENT

FOR OREGON IMAGING CENTERS' USE ONLY		
DATE RECEIVED	RECEIVED BY	VERIFICATION OF IDENTITY AND/OR AUTHORITY
REQUEST COMPLETED BY(EMPLOYEE SIGNATURE)		DATE COMPLETED