



NKN STUDENT HEALTH & WELLNESS CENTER

24705 US-101, Rockaway Beach, OR 97136 | Mailing Address: PO Box 176, Wheeler, OR 97147
Telephone: 503-355-3500 | Fax: 844-720-1901

Rinehart Clinic is the medical sponsor for NKN Student Health & Wellness Center and operates according to the guidelines set forth by Oregon Law (Oregon Revised Statutes: 109.610, 109.640, 109.675, 109.680, ORS 419.112(7), ORS 419C.200(2)). All services will be provided by the Rinehart Clinic health care team.

This authorization to Release of Verbal Medical Information may be signed by the patient or parent/guardian of patients who are minors and require parental consent to treatment.

Today's date: _____

RELEASE OF VERBAL MEDICAL INFORMATION

Patient Name: _____ Birthdate: _____

Due to patient confidentiality laws, Rinehart Clinic does not verbally release any information regarding our patients to anyone other than the patient, parent/guardian as may be required by law, any provider to whom Rinehart Clinic has referred you, or other limited circumstances as may be required by law.

At times, patients or their parents/guardians may wish to have information regarding their or their child's medical condition(s), lab reports, medication, appointment times, etc. discussed with other individuals such as family members or caretakers. If this applies to you, please indicate below any person with whom you would like us to share information regarding your care at the NKN Student Health & Wellness Center/Rinehart Clinic.

Please initial what you would like shared with the person(s) listed below:

_____ I authorize Rinehart Clinic to verbally release information regarding my medical care.

_____ I authorize Rinehart Clinic to verbally release information regarding my financial record.

_____ I Decline to have any information verbally released by Rinehart Clinic.

Name:

Relationship:

Signature: _____
Patient/Parent/Guardian

Date: _____

Printed Name of Parent/Guardian