

Linn County Department of Health Services Individual Request for Health Information



Individual Information (Please Print)

First Name:	Middle Initial:	Last Name:	
Name at Time of Services (if different than above):			
Date of Birth (MM/DD/YYYY):	Phone:	Email (optional):	
Address:	City:	State:	Zip:

What records do you want? (Check appropriate boxes below):

Date(s) of Service: ___/___/___ through ___/___/___

Discharge Summary
 Treatment Plans
 Assessment
 Progress Notes/Office Visits

Test Results (Psychological/ Lab/Urinalysis) Please specify: _____

Other (Immunization Records, Medication Lists) Please specify: _____

How would you like your records delivered?

Paper

 Mailed

 In-Person Pickup at the office (check location):

Washington Street	Willamette Health Center	Courthouse Annex
Lebanon	Sweet Home	Armory

Electronic (Email, USB, CD, Portal, Other) Please specify: _____

Where do you want your information sent? Self Personal Representative (indicated below)

Recipient Name:	Recipient Phone:
Recipient Mailing Address:	Recipient Fax:
	Recipient E-mail (if applicable):

Please print your name and sign below:

Individual or Personal Representative (please print)	Relationship (please print)
Signature of Individual or Personal Representative	Date/Time

Signature of Parent or Personal Representative if under 14	Date/Time

Please return completed form to:

	E-mail: Fax: Questions?
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Department Use only Completed/Received by: _____ Date Received: _____
 MRN: _____