



Instructions for filling out Bend Memorial Clinic's Release of Information

Authorization form:

- Enter all patient information.
- Fill in patient name then enter "BMC" as organization authorized to release patient records.
- Check "receive copy" and initial all records desired.
- Initial which, if any, specially-protected health information is to be released. Specially-protected health information includes AIDS/HIV, psychiatric/mental health care and treatment for drug and alcohol abuse.
- If picking up records in person, check the appropriate box. Remember to bring photo ID for record pick-up.
- Complete recipient name and address of sending location. If records are going to be faxed, list the fax number. Records will not be delivered to places of employment.
- Sign as patient, parent (if patient is a minor) or legal guardian.
- If the patient is deceased and a family member is requesting records, please include documentation of requestor's authority to receive records. A copy of the patient's death certificate will be accepted if the family member is listed on the certificate.
- Date the release.

Instructions for submitting the Bend Memorial Clinic's Release of Information

Authorization form:

- By law, BMC cannot accept ANY release request forms in email format.
- Please fax, mail or drop off all release forms.
- If dropping off the release in person, the form may be left at the Greeters station in the front lobby.
- If faxing, fax to 1-541-318-3113.
- If mailing, send to: Bend Memorial Clinic Medical Records Release Dept.
1501 N.E. Medical Center Drive
Bend, OR 97701
- For questions, please contact the BMC Medical Records Release Dept. at 541-317-4398.