AUTHORIZATION TO RELEASE MEDICAL INFORMATION AND RECORDS

Sunset Family Health Center
10395 NW Glencoe Road, Suite 200
PO Box 1370
North Plains, Oregon 97133
Phone (503) 647 - 9400

I understand that in signing this release I am authorizing Sunset Family Health Center to release medical information for billing purposes and to other medical facilities for continued medical care. All faxed material will contain a confidentiality statement; however, I understand confidentiality at the receiving end can not always be assured.

Patient signature (DATE)

Parent/legal guardian signature (DATE)