

## AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

*Please print.*

Patient Name

Other Last Names

Date of Birth

Phone Number

Email Address

Street Address

City, State, Zip code

Transfer of care is required due to the closing of our physician's office. Therefore, I hereby authorize,

**DocuDriven, PO Box 823102, Vancouver, WA 98682**

on behalf of: **PL Brandon, Records Storage for Scholls Family Care, PO Box 86272, Portland, OR 97286**  
to execute one of the following:

*Please select one of the following delivery options:*

Secure HIPAA approved electronic transfer: **List fax number you want chart sent to here:**

\_\_\_\_\_

Pick up flash drive, in person: Once chart is processed, you will be called to schedule pick up time.  
Our address is: **DocuDriven, 10906 NE 39th Street, Suite A9, Vancouver, WA 98682**

Encrypted flash drive mailed: There will be a **\$20 shipping charge prior to mailing**. We mail USPS  
Certified Return Receipt. **List address you want the flash drive mailed to here:**

\_\_\_\_\_

I, \_\_\_\_\_, am the patient or legal guardian who has authorization to release the above records. Any facsimile, copy, or photocopy of this release will be valid for 90 days and shall authorize you to forward my medical records. This form gives you permission to share my private information obtained from this facility. Only records from this facility can be legally released. Any records from other physicians must be obtained from them directly.

**There is a \$30 fee for the processing of the records. Payment Options:**

•**CREDIT CARD** – please use our online payment link located here:

<https://docudriven.securepayments.cardpointe.com/pay?total=30>

•**CHECK** - please mail your completed authorization form with an attached check or moneyorder made payable to: **DocuDriven, PO Box 823102 Vancouver, WA 98682**

Patient or Legal Guardian Signature

Date

Your completed authorization form may be faxed to: **360-761-0404**, emailed to:

[Medical@DocuDriven.com](mailto:Medical@DocuDriven.com), or mailed to **DocuDriven, PO Box 823102, Vancouver, WA 98682**