Office Use Only

_____/_____/_____

Date Received

_____

Request Number

BOARD REQUEST FOR PROTECTED HEALTH INFORMATION

Please fill completely (both pages) and remit with appropriate documents to the address listed above.

If a disclosure of prescription monitoring information complies with the federal Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) and regulations adopted under it, the Oregon Health Authority shall disclose the information to a health professional regulatory board that certifies in writing that the requested information is necessary for an investigation related to licensure, renewal or disciplinary action involving the applicant, licensee or registrant to whom the requested information pertains. ORS 431.966

In addition to any other penalty provided by law, the Attorney General may impose a civil penalty not to exceed $10,000 for each violation of ORS 431.964, 431.966 or 431.968. ORS 431.992

Requestor Information

First Name MI Last Name

Title DEA Number (if applicable)

Agency Name Office Phone

Address City/State Zip

Date Range for Report

From To

Case Number

Oregon Health Authority

Subject Information

First Name	MI	Last Name	
Address		City/State	Zip
DOB (mm/dd/yyyy)			

Brief description of the information requested:

By signing below, I certify that I am a the Board's Executive Director or his/her designee and that the requested information is necessary for an investigation related to licensure, renewal, or disciplinary action involving the applicant, licensee, or registrant to whom the requested information pertains.

Signature of Requestor **Date**

Oregon Health Authority