



Oregon Medical Board

omb.oregon.gov

971-673-2700

Patient Access to Medical Records

When patients have access to their health information, they are empowered with regard to their health and well-being.

As provided in [OAR 847-012-0000](#), physicians, physician assistants, and acupuncturists (OMB licensees) must make medical records available to their patient or their patient's representative upon their request, except as otherwise provided by law.

OMB licensees may use the written authorization form provided in ORS 192.566; a sample form is provided below. Upon written request, OMB licensees must make a copy of the medical record available to the patient and should comply with a request within a reasonable time, not to exceed 30 days.

OMB licensees may charge a patient the reasonable costs for providing a copy or summary of the records, but may not deny the records because of the patient's inability to pay or because of an outstanding bill for services. The OMB rule outlines allowable records fees; however, OMB licensees often provide records without charging a fee.

The Oregon Medical Board's patient records webpage has additional information, omb.oregon.gov/record. Questions may be emailed to elizabeth.ross@omb.oregon.gov.

Patient's Access to Medical Records

(1) Licensees of the Oregon Medical Board must make protected health information in the medical record available to the patient or the patient's representative upon their request, to inspect and obtain a copy of protected health information about the individual, except as provided by law and this rule. The patient may request all or part of the record. A summary may substitute for the actual record only if the patient agrees to the substitution. Board licensees are encouraged to use the written authorization form provided by ORS 192.566.

(2) For the purpose of this rule, "health information in the medical record" means any oral, written or electronic information in any form or medium that is created or received and relates to:

- (a) The past, present, or future physical or mental health of the patient.
- (b) The provision of healthcare to the patient.
- (c) The past, present, or future payment for the provision of healthcare to the patient.

(3) Upon request, the entire health information record in the possession of the Board licensee will be provided to the patient. This includes records from other healthcare providers. Information which may be withheld includes:

- (a) Information which was obtained from someone other than a healthcare provider under a promise of confidentiality and access to the information would likely reveal the source of the information;
- (b) Psychotherapy notes;
- (c) Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
- (d) Other reasons specified by federal regulation.

(4) Licensees who have retired, failed to renew their license, relocated their practice out of the area, had their license revoked, or had their license suspended for one year or more must notify each patient seen within the previous two years and the Oregon Medical Board of the change in licensee's status and how patients may access or obtain their medical records. Notifications must be in writing and sent by regular mail to each patient's last known address within 45 days of the change in licensee's status.

(5) Licensees who have been suspended for less than one year must notify the Board within 10 days of the suspension how patients may access or obtain their medical records.

(6) A reasonable cost may be imposed for the costs incurred in complying with the patient's request for health information. These costs may include:

- (a) No more than \$30 for copying 10 or fewer pages of written material, and no more than 50 cents per page for pages 11 through 50, and no more than 25 cents for each additional page;
- (b) A bonus charge of \$5 if the request for records is processed and the records are mailed by first class mail to the requester within seven business days after the date of the request;
- (c) Postage costs to mail copies of the requested records;
- (d) Actual costs of preparing an explanation or summary of the health information, if such information is requested by the patient; and
- (e) Actual costs of reproducing films, x-rays, or other reports maintained in a non-written form.

(7) A patient may not be denied summaries or copies of his/her medical records because of inability to pay.

(8) Requests for medical records must be complied with within a reasonable amount of time not to exceed 30 days from the receipt of the request.

(9) Violation of this rule will result in a \$195 fine and may be cause for further disciplinary action by the Board.

ORS 192.566 Authorization Form

A health care provider may use an authorization that contains the following provisions in accordance with ORS 192.559:

AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

I authorize: _____ (Name of person/entity disclosing information)
to use and disclose a copy of the specific health information described below regarding:

(Name of Individual)

consisting of (describe information to be used/disclosed):

to (name and address of recipient or recipients):

for the purpose of (describe each purpose of disclosure or indicate that the disclosure is at the request of the individual):

If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be disclosed if I place my initials in the applicable space next to the type of information.

- _____ HIV/AIDS Information
- _____ Mental Health Information
- _____ Genetic testing information
- _____ Drug/alcohol diagnosis, treatment, or referral information

I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer be protected under federal law. However, I also understand that federal or state law may restrict redisclosure of HIV/AIDS information, mental health information, genetic testing information and drug/alcohol diagnosis, treatment or referral information.

PROVIDER INFORMATION

You do not need to sign this authorization. Refusal to sign the authorization will not adversely affect your ability to receive health care services or reimbursement for services. The only circumstance when refusal to sign means you will not receive health care services is if the health care services are solely for the purpose of providing health information to someone else and the authorization is necessary to make that disclosure.

You may revoke this authorization in writing at any time. If you revoke your authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization. The only exception is when a covered entity has taken action in reliance on the authorization or the authorization was obtained as a condition of obtaining insurance coverage.

To revoke this authorization, send a written statement to (Name and address of recipient or recipients):

SIGNATURE

I have read this authorization and I understand it. Unless revoked, this authorization expires:
_____ (insert either applicable date or event).

Signature of Individual or Personal Representative

Date

Description of personal representative's authority: