



## Audit Report Release Form for the Reliance eHealth Collaborative

Please complete this form in its entirety, including all required signatures (front and back of the form).

Initial that you have read and understand the following statement:

I hereby authorize Reliance to release to me an audit report that summarizes access to and disclosure of my protected health information through the health information exchange.

Initial \_\_\_\_\_

Please complete the following information for the patient for which an Audit Report is being requested:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Previous/Maiden Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Ex: 01/01/1990) Gender:  Female  Male

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email Address: \_\_\_\_\_ Last Four (4) Digits of Social Security Number: \_\_\_\_\_ (Ex. xxx-xx-1234)

Please indicate if there is a specific reason or concern for which you are requesting an audit report so that Reliance staff can follow up with you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you prefer to receive your audit report?

- Paper copy mailed to address (mailing address must be provided above)
- Pick up in-person at the Reliance office (date/time for pickup will be scheduled via phone or email)
- In a secure email (email address must be provided above)

Patient Signature: X \_\_\_\_\_ Date Signed: \_\_\_\_\_

If the patient is between 14 to 18 years of age their signature is required (reverse side of this form).



A patient between 14 – 18 years of age may request an Audit Report without the signature of a parent or legal guardian. If the patient is under 14 years of age, signature of parent or legal guardian is required, and the identity of the parent/guardian must also be verified. See Page 2 (on the reverse of this form).

Parent Signature: X \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**For your protection, we must verify your identity in order for Reliance to process the *Audit Report Request*.**

Your identity may be verified one of three ways: have this form signed by a Notary Public or by a Health Care Provider licensed by the State of Oregon, or present a valid driver’s license or other government-issued photo identification to staff at the Reliance office.

**This section to be completed by a Notary Public or Licensed Health Care Provider to verify the identity of the patient requesting an Audit Report:**

I witnessed the above named individual sign this document and the individual is personally known to me and/or provided me with valid picture identification on this day \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

Day Month Year

Notary or Provider  
Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Notary or Provider  
Signature: X \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Must be an original signature in black or blue ink.**

**If patient is under 14 years of age, this section is to be completed by a Notary Public or Licensed Health Care Provider to verify the identity of the patient’s parent/guardian:**

I witnessed the above parent/guardian sign this document and the individual is personally known to me and/or provided me with valid picture identification on this day \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

Day Month Year

Notary or Provider  
Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Notary or Provider  
Signature: X \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Must be an original signature in black or blue ink.**