

Request a Copy of Your Own Health Records Clackamas County Behavioral Health Division

Legal Name: _____ Birth Date: _____

Name if Different from Legal Name: _____

Phone Number: _____

Who would you like us to give your records to? Myself Legal Guardian

What information from your health record would you like? (please include details)

What time frame or date range would you like your records from? (optional)

Records from the last 12 months Date or date range: _____

How would you like us to provide these records?

Secure Email: _____

Mail (provide address): _____

Pick Up Copy Fax: _____

Other (provide details): _____

Signature of Individual/Legal Guardian

Printed Name

Date

Return this form to:

Email: BHBillingandRecords@clackamas.us

Fax: 503-742-5312

Mail: 11211 SE 82nd Avenue, Suite O Happy Valley, OR 97086

Phone: 503-742-5335

If you need to request access to Clackamas Health Center records contact hc-bhrecords@clackams.us or call 503-722-6855.