

**REQUEST TO REMOVE DOCUMENTS CONTAINING  
PROTECTED HEALTH INFORMATION (PHI) FROM  
OREGON STATE HOSPITAL**



**\* This form does not need to be completed if removal is for standard clinical reasons such as medical appointments, emergency department visits, discharge planning, legal proceedings, etc.**

Date of Request: \_\_\_\_\_

Name of Requestor (print name): \_\_\_\_\_

Name of Patient/Outpatient: \_\_\_\_\_

Patient Avatar and MCICS Numbers (if applicable): \_\_\_\_\_  
Avatar MCICS

Time period records will be away from hospital grounds:

From: \_\_\_\_\_ To: \_\_\_\_\_

Purpose/Reasons:

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

Specific Documents:

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

I certify that the above information is correct.

\_\_\_\_\_  
Signature Date

Approved:  Denied:

\_\_\_\_\_  
Supervisor Date

Approved:  Denied:

\_\_\_\_\_  
OR \_\_\_\_\_  
RUPERT GOETZ, Chief Medical Officer GREG ROBERTS, Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

cc: Supervisor