

Cascadia Behavioral Healthcare

Request for Information Instructions:

- ✓ Requests for records may be submitted to Cascadia's Central Records Department **OR** Cascadia's Quality Management Dept. ****** All Subpoena/Subpoena Duces Tecum or legal requests for records should be sent directly to the Quality Management Dept.

Records Department:

Mail: 2415 SE 43rd, Suite 100
Portland, OR 97206
Fax: 503-236-7166

Quality Management:

Mail: P.O. Box 8459
Portland, OR 97207
Fax 503-764-9228

- ✓ For your convenience, a PDF of Cascadia's Release of Information (ROI) may be printed from this website. Please complete the following areas on the ROI...
 - Client name, DOB, phone and address information.
 - In the first boxed area, complete the name, address, phone and fax information for the person or agency to receive records.
- ✓ Under "ONLY ITEMS INITIALED" **initial ALL that applies for areas requiring specific consent** (mental health, alcohol/drug/gambling, HIV).
- ✓ In the second boxed area please...
 - Check **ONE choice for "HOW MUCH"** (last 6 months, year, 2 years, all or other and list a time frame).
 - Check **ALL that apply for "WHAT KIND OR DESCRIPTION"** (FOR EXAMPLE Treatment Plan, Progress Notes, etc).
- ✓ Cascadia ROIs are valid for one year, unless noted otherwise near the bottom of the form ("This Authorization is limited to the following time period...").
- ✓ Client will then **sign and date** the ROI in the bottom boxed area. A client over the age of 14 may sign their own ROIs, or parent may sign for any minor as long as they have not lost custodial rights. If a guardian signs the ROI, copies of guardianship paperwork must be submitted with the ROI.

THANK YOU!