



Allergy & Asthma Center

of Southern Oregon, PC

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Permission to Disclose Health Information

We may disclose your health information to a family member, personal representative, friend or other person to the extent necessary to help with you healthcare or with payment for your healthcare, **but only if you agree that we may do so.** Please list the individuals below who have your permission to share your health information:

Name	Relationship to Patient	Conditions of Access

Signature of Patient

Date

Medford
Principle Office
3860 Crater Lake Ave. Suite A
Medford, OR 97504

Ashland
Satellite Office
2262 Ashland Street
Ashland, OR 97520

Grants Pass
Satellite Office
1722 Williams Hwy
Grants Pass, OR 97527

Klamath Falls
Satellite Office
2628 Clover Street
Klamath Falls, OR 97603

Roseburg
Satellite Office
1813 W Harvard Avenue Suite 241
Roseburg, OR 97471