



Thomas P. McWeeney, MD, PC
 Terrence A. Sedgewick, MD, PC
 Bradford T. Black, MD, PC
 James C. Ballard, MD, PC
 David P. Huberty, MD, PC
 Jeffrey S. Feinblatt, MD, PC
 John D. Boyle, PA-C
 Tessa J. Molter, PA-C
 David C. Emch, PA-C
 Michael G. Garland, PA-C

**MEDICAL INFORMATION AUTHORIZATION
FOR TEACHING & PRESENTATIONS**

All direct care health providers in the state of Oregon are now required to ask their patients if medical information and/or photographs and/or diagnostic studies can be used for teachings, presentations or research.

It is the individual's choice to decide whether to allow any part of their medical record to be used for teachings, presentations or research purposes. Your decision will not affect the care you receive from Oregon Orthopedic & Sports Medicine Clinic. It also will not affect your health insurance coverage.

Dr. Feinblatt would like to have the ability to use photographs and/or diagnostic studies of certain cases in teachings and presentations. Your identity will be protected and will not be used in these teachings or presentations.

If you will allow photographs and/or diagnostic studies to be used please mark the box "I accept" below. If you make this choice your photographs and/or diagnostic studies may be used without further notice to you.

If you refuse to have your photographs and/or diagnostic studies used please mark the box "I decline" below.

If you change your mind at a later date you must notify us in writing at 1508 Division Suite 105, Oregon City, Oregon. The new decision will only apply to photographs and/or diagnostic studies obtained after the letter is received by our office.

If you have questions please contact Oregon Orthopedic & Sports Medicine at 503-656-0836.

I ACCEPT By checking this box and signing below, I accept having my photographs and/or diagnostic studies used for educational or presentation purposes.

I DECLINE By checking this box and signing below, I refuse to have my photographs and/or diagnostic studies used for educational or presentation purposes.

Patient

Date

Personal Representative/Relationship