Medical Health Database

ORS 181.641

January 25, 2011

Enrollment Packet & Information needed from eligible individual

1. House Bill 3466 (sections related to individuals eligible to enroll and “Qualifying Illness or Condition)
2. Enrollment Form
3. Two witnesses, one unrelated (non relative)
4. Statement of diagnosis from treating Licensed Medical Professional
5. Current ID

To enroll in the database, an interview session will be scheduled with the Linn County Health Services Administrator/Mental Health Director. Please bring the following to that interview:

* A signed original statement from a Licensed Medical Professional providing a qualifying illness or condition as defined by law;
* Two witnesses that meet the criteria defined by law, one unrelated, not a treatment provider or physician or owner, operator or employee of a health care facility in which the individual is a patient or resident;
* Name and contact information for two individuals who have consented to be emergency contacts who can be the individual’s:
  + Primary care physician
  + Case manager
  + Probation officer
  + Family member
  + Any other person willing to serve as an emergency contact
* A completed Enrollment Form
* Personal Identification (picture ID)