

Ciox Health
P.O. Box 409900
Atlanta, GA 30384-9900
Fed Tax ID 58 - 2659941
1-800-367-1500

CIOX
HEALTH
INVOICE

Invoice #: 0254041072
Date: 8/27/2018

Ship to:

patient
Blumberg, Kai
88472 5TH AVE
FLORENCE, OR 97439-9107

Bill to:

patient
Blumberg, Kai
88472 5TH AVE
FLORENCE, OR 97439-9107

Records from:

PEACEHEALTH OR
1115 SE 164TH AVE
VANCOUVER, OR 98683

Requested By: PATIENT
Patient Name: BLUMBERG KAI

DOB: 01/25/1992

Description	Quantity	Unit Price	Amount
Please refer to the insert included with this invoice for more information about Ciox Health or the charges incurred.			
PLEASE REMIT PAYMENT			
Reproduction Fee-Elect			6.50
Shipping			2.10
Subtotal			8.60
Invoice Total			8.60
Balance Due			8.60
Pay your invoice online at https://paycioxhealth.com/pay/			
Terms: Net 30 days		Please remit this amount : \$ 8.60 (USD)	

Ciox Health
P.O. Box 409900
Atlanta, GA 30384-9900
Fed Tax ID 58 - 2659941
1-800-367-1500

Invoice #:	0254041072
Check #	_____
Payment Amount \$	_____

Please return stub with payment.
Please include invoice number on check.
To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.
Email questions to collections@cioxhealth.com.

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Ciox Health is the largest provider of release of information(ROI) services and technology. We ensure the compliant exchange of protected health information for over 18,000 healthcare facilities nationwide. To learn more about our flexible ROI solutions, go to www.CioxHealth.com

Get future medical records as soon as they are processed, by signing up for secure electronic delivery. Register at: edelivery.cioxhealth.com

MRN: 01344340 DOB: 1/25/1992 Patient Name: BLUMBERG, KAI L



PeaceHealth

REQUEST FOR COPY OF
PROTECTED HEALTH INFORMATION

HIM Internal



Patient Information (please print):

LAST NAME	Blumberg	FIRST	Kai	MIDDLE	Lewis
STREET ADDRESS			88472 5th Ave		
CITY, STATE, ZIP			Florence OR, 97439		
DATE OF BIRTH			January 25, 1992		
MEDICAL RECORD NUMBER					
DAYTIME PHONE			+4915736449173		
EVENING PHONE			+4915736449173		

I request that PeaceHealth provide me with a copy of my health information as follows:

Which dates of service?	<input type="checkbox"/> Specific: (from) _____ (to) _____ <input type="checkbox"/> One-year history <input type="checkbox"/> Other: <u>My entire record</u>
Which PeaceHealth facility?	<input type="checkbox"/> Specific facility: _____ <input checked="" type="checkbox"/> All facilities
What information are you requesting?	<input checked="" type="checkbox"/> "Pert-Pack" (transcribed provider documentation, medication list and diagnostic information; Lab, X-ray, EKG) <input type="checkbox"/> Other (specify): _____
What format?	<input type="checkbox"/> Paper <input type="checkbox"/> Electronically via e-mail (see below) <input type="checkbox"/> Electronically on CD <input type="checkbox"/> Other: _____
How do you want it delivered?	<input type="checkbox"/> Send the requested information to me by: <input type="checkbox"/> US Mail at the above address: _____ <input type="checkbox"/> US Mail at the following address: _____ <input type="checkbox"/> Encrypted or <input checked="" type="checkbox"/> Unencrypted (check one) e-mail to this address: <u>kai.lis.me@gmail.com</u> <input type="checkbox"/> Send the requested information to the following person: _____ by: <input type="checkbox"/> US Mail at the following address: _____ <input type="checkbox"/> Encrypted or <input type="checkbox"/> Unencrypted (check one) e-mail to this address: _____ <input type="checkbox"/> Other: _____
Acknowledgements	1. I understand that PeaceHealth may impose a reasonable, cost-based fee that covers the cost of copying, including supplies, labor, and postage. The first 50 pages of information are provided free of charge. 2. If I chose to have my health information sent by unencrypted e-mail, I understand the inherent security risks associated with transmission of e-mail over the Internet.

Kai Blumberg
 Signature of Patient or Parent/Guardian/Personal Representative

August 8 2018

Date

Relationship to patient: Patient

Please submit completed form to the Health Information Management or Medical Records Department

(Staff only: Were records provided? ☐ Yes ☐ No Initial _____ Date _____)

MRN: 01344340 DOB: 1/25/1992 Patient Name: BLUMBERG, KAI L

**REQUEST FOR COPY OF
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You have a right under federal law to request a copy of your health information**How to request a copy of your health information:**

- Complete the attached Request for Copy of Protected Health Information form and mail or fax it to the Health Information Management, Release of Information department (see below). If you are completing this request at a PeaceHealth facility, you may ask a staff person to forward this request via fax.
- Please be sure to include a complete address and a phone number where we can reach you, in case we have any questions about your request.
- If a parent, guardian, or personal representative is signing this form, please include your relationship to the patient on the line provided, and provide documentation of your authority as required. Please call the Health Information Management, Release of Information department if you have questions.

What to expect:

You have the right to inspect and obtain copies of health information that we may use to make decisions about your care.

- Your request will be processed within 15 business days once it is received by the Health Information Management, Release of Information department in Vancouver, WA.
- If we are unable to process your request within 15 business days we will contact you to let you know the reason for the delay and the anticipated processing date.
- We may deny your request in certain limited circumstances.

Contact information:

PeaceHealth
Health Information Management Department
Release of Information Services
1115 SE 164th Avenue, Dept. 336
Vancouver, WA 98683

Customer Service: (360) 729-1300
Fax: (360) 527-9383

Encrypted vs. Unencrypted E-mail:

You may choose to receive your health information by either unencrypted or encrypted e-mail.

- Unencrypted e-mail transmitted via the Internet is at risk of being intercepted by unauthorized individuals.
- PeaceHealth uses an e-mail encryption system to protect confidential e-mail messages. If you choose to receive your health information via encrypted e-mail, you will receive a notification e-mail containing a link to access the full message on our Secure E-mail Server. You will need to create a user account to receive your information.

MRN: 01344340 DOB: 1/25/1992 Patient Name: BLUMBERG, KAI L



PeaceHealth

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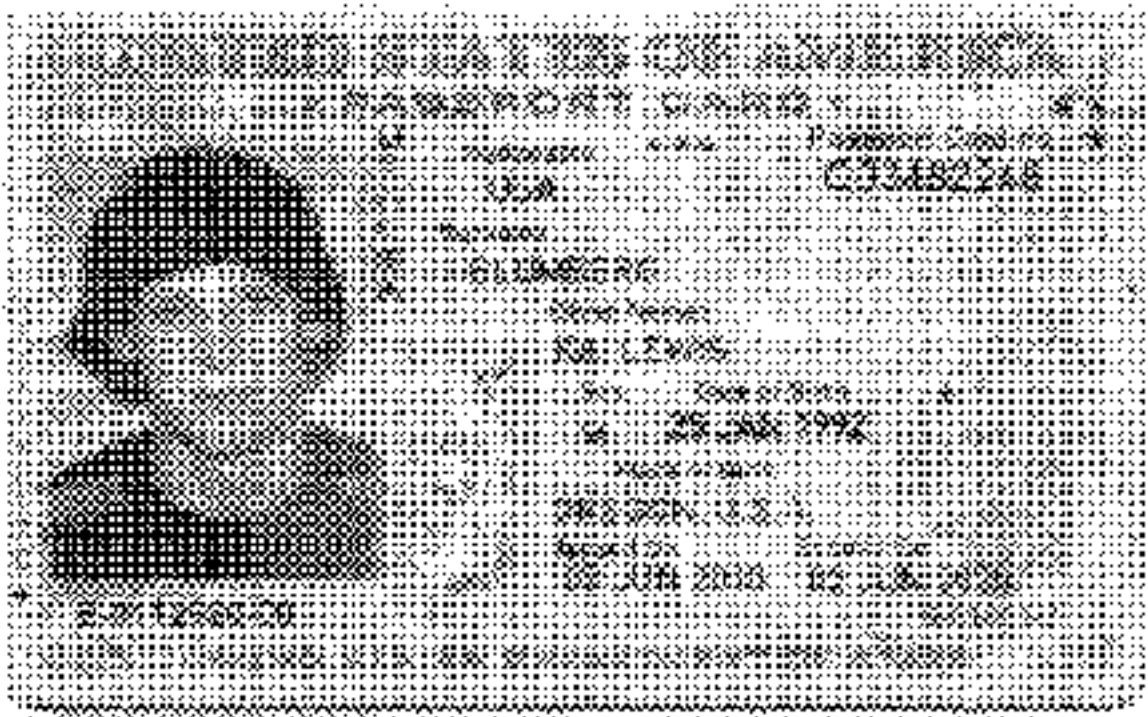
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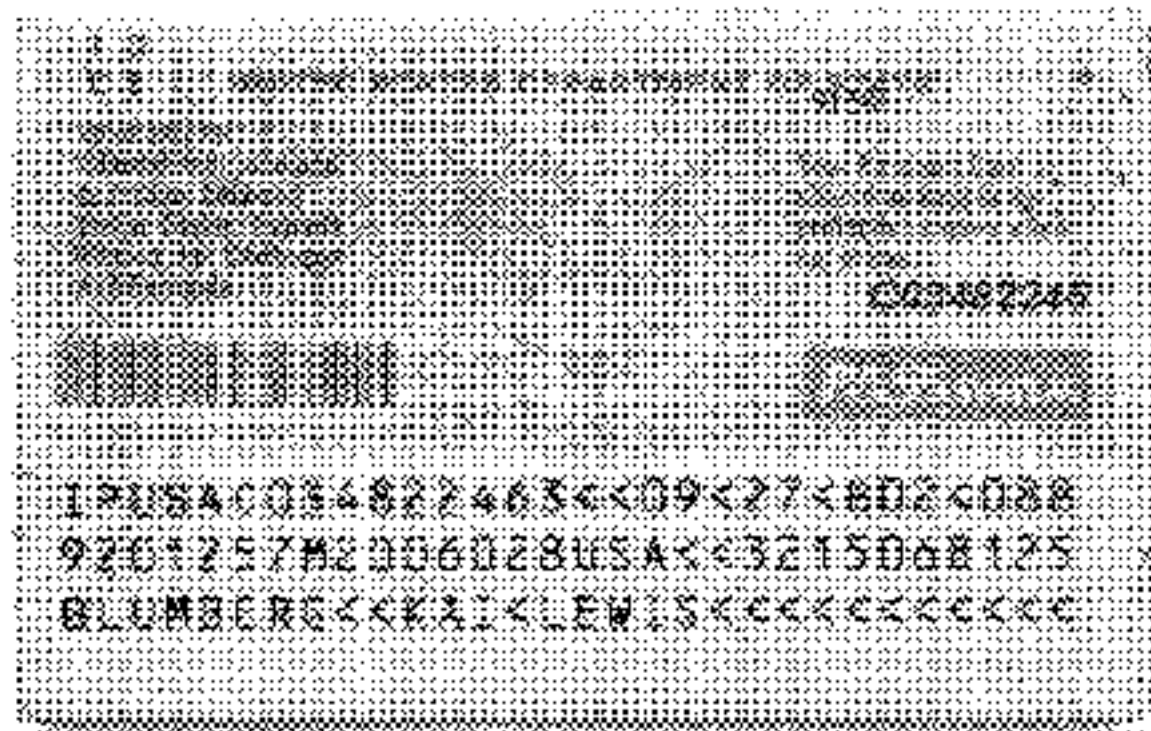
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Kai Blumberg

MRN: 01344340 DOB: 1/25/1992 Patient Name: BLUMBERG,KAI L



Immunizations

DTaP	4/1/1992 (2 m.o.)	5/27/1992 (4 m.o.)	8/5/1992 (6 m.o.)	4/21/1993 (14 m.o.)
	5/16/1997 (5 y.o.)			
Hep A Unspecified	9/11/2000 (8 y.o.)	2/17/2004 (12 y.o.)		
Hep B Ped 3 dose	2/17/2004 (12 y.o.)	3/22/2004 (12 y.o.)	6/18/2004 (12 y.o.)	
Hib (Prp-d)	4/1/1992 (2 m.o.)	5/27/1992 (4 m.o.)	8/5/1992 (6 m.o.)	4/21/1993 (14 m.o.)
IPV	4/1/1992 (2 m.o.)	5/27/1992 (4 m.o.)	4/21/1993 (14 m.o.)	5/16/1997 (5 y.o.)
MMR	4/21/1993 (14 m.o.)	9/11/2000 (8 y.o.)		
Meningococcal (MCV4p)	4/23/2008 (16 y.o.)	4/23/2008 (16 y.o.)		
Tdap	4/23/2008 (16 y.o.)			
Varicella	5/16/1997 (5 y.o.)			

Allergies as of 8/27/2018

Not on File

Never Reviewed

Patient Demographics

Name	Patient ID	SSN	Sex	Birth Date
Blumberg, Kai L	01344340	xxx-xx-2599	Male	01/25/92 (26 yrs)
Address	Phone	Email	Employer	
3075 LINCOLN STREET EUGENE OR 97405	541-683-9519 (H)			
Reg Status	PCP	Date Last Verified	Next Review Date	
NEW		04/21/15	05/21/15	

END OF REPORT

RESULT PRINTED COPY

Printed by:104803

03/27/2018 14:56

MRN: 01344340

Service Provider: UNGER, JAMES E.

Patient: BLUMBERG, Kai L.

Ordering Provider:

Resulting Provider: UNGER, JAMES E.

Enc#: 22351751 Acct#: 14025563

MSN: 304703033 Fac: SOUTH

Service Date: 05/08/09 1:33pm

Status: F

Report Name:OFFICE VISIT

Type:VISIT

OFFICE VISIT - STATUS: Final

By: Unger, James E

Perform: 8 May09 13:33

Facility: SOUTH

Department: PD

Reason : WART

ENCOUNTER INFORMATION

DATE/TIME: 08May09 13:33 LOCATION: PEDIATRIC CLIN

PATIENT NAME: Kai L BLUMBERG

MRN: 01344340

DOB: 25Jan1992 AGE: 17 years SEX: M

CLINIC VITAL SIGNS

Clinic VS.

08May09 13:36pm LF

Height & Weight.

Height (Centimeters) 137 CM 08May09 13:37pm LF

Weight (Kilograms) 71.200 KG 08May09 13:36pm LF

Clinic Basic VS.

Temperature (Celsius) 37.0 C 08May09 13:37pm LF

Temperature Mode Tympanic 08May09 13:37pm LF

Pain Scale (0-10 and Nonverbal) 0 08May09 13:37pm LF

Clinic Add'l VS.

Medications Reviewed This Visit Yes 08May09 13:37pm LF

Key: LF=LEAH FLORES

PROGRESS NOTE:

BLUMBERG, Kai

01344340

DOB: 01/25/1992

SUBJECTIVE: Kai has multiple warts on the dorsum of both hands. They have been present for a year or so.

OBJECTIVE: On exam, he has 2 warts that are large enough to treatment, i.e., more than 1 mm. These were treated with liquid nitrogen 20-second thaw x 2 with Cryogen. They are located on the dorsum of the right hand.

PLAN: Recommended observation and/or topical salicylic acid to the tinier warts.

RESULT PRINTED COPY

Printed by:104803

03/27/2018 14:56

MRN: 01344340

Service Provider: UNGER, JAMES E.

Patient: BLUMBERG, Kai L.

Ordering Provider:

Resulting Provider: UNGER, JAMES E.

Enc#: 22351751 Acct#: 14025563

MSN: 304703033 Loc: SOUTH

Service Date: 05/03/09 1:33pm

Status: F

Report Name:OFFICE VISIT

Type:VISIT

Dictated By: Jimmy Unger, MD

CU:Brogan

Job #: 11084511

D:05/08/2009 1:45 PMCT (-2:00 PT)

DR:05/11/2009 1:33 AMCT (-2:00 PT)

T:05/11/2009 4:01 PMCT (-2:00 PT)

RESULT PRINTED COPY

Printed by:104803

03/27/2018 14:56

MRN: 01344340

Service Provider: SUNADA, FAY Y.

Patient: BLUMBERG, Kai L.

Ordering Provider:

Resulting Provider: SUNADA, FAY Y.

Enc#: 18761247 Acct#: 14025563

USN: 269563203 Loc: SOUTH

Service Date: 05/22/08 10:09am

Status: F

Report Name:OFFICE VISIT

Type:VISIT

OFFICE VISIT - STATUS: Final

By: Sunada, Fay Y

Perform: 22May08 10:09

Facility: SOUTH

Department: PD

Reason : FEVER X 4 DAYS, DIARRHEA/"FLU"

ENCOUNTER INFORMATION

DATE/TIME: 22May08 10:09 LOCATION: PEDIATRIC CLIN

PATIENT NAME: Kai L BLUMBERG

MRN: 01344340

DOB: 25Jan1992 AGE: 16 years SEX: M

CLINIC VITAL SIGNS

Clinic VS.

22May08 10:23am ELH

Height & Weight.

Weight (Kilograms) 71.200 KG 22May08 10:23am ELH

Clinic Basic VS.

Temperature (Celsius) 37.0 C 22May08 10:23am ELH

Clinic Add'l VS.

Medications Reviewed This Visit Yes 22May08 10:23am ELH

Clinic Office Diagnostics.

Key: ELH=ERICA L HAYS

PROGRESS NOTE:

BLUMBERG, Kai L

01344340

CHIEF COMPLAINT: Fever and diarrhea.

Kai is a 16-year-old male patient of Dr. Unger's who comes in with mom with history of fever that began 3 days ago on Monday. It was up to 102. He did not feel well. He developed some diarrhea and he would have 3 or 4 episodes per day, loose to watery. No blood. No vomiting. Has not had any cold symptoms recently. Today he woke up and his stomach felt really crampy, mom took his temperature and it was 102.5. He had a diarrheal stool and then felt better. They did not give him any medication. His temperature is down now.

No known exposure to anybody with stomach symptoms. He has been eating and drinking okay.

RESULT PRINTED COPY

Printed by:104803

05/27/2018 14:55

MRN: 01344340

Service Provider: SUNADA, FAY Y.

Patient: BLUMBERG, Kai L.

Ordering Provider:

Resulting Provider: SUNADA, FAY Y.

Enc#: 13761247 Acct#: 14025563

MSN: 269563203 Fax: 800771

Service Date: 05/22/08 10:09am

Status: F

Report Name:OFFICE VISIT

Type:VISIT

PAST MEDICAL HISTORY: Unremarkable. No history of any abdominal surgeries. No travel. He is scheduled to go to Canada on a choir trip tomorrow.

PHYSICAL EXAMINATION: He is non-toxic. His temperature is 37.0. No scleral icterus. His canals are impacted with ear wax. Tried to remove it with a curette and it was too painful. Used irrigation and subsequently his tympanic membranes are pearly, good landmarks, no infection. Nose without discharge. Mouth is moist, no lesions. Pharynx without erythema or swelling. Neck is supple. No meningeal signs or adenopathy. Heart: Regular rate, no murmur. Lungs are clear to auscultation. Abdomen is nondistended, active bowel sounds, it is soft. Mild upper quadrant tenderness. No hepatosplenomegaly. No rebound or guarding. Skin: No rash. Capillary refill is brisk.

ASSESSMENT: Fever and diarrhea consistent with viral illness. Cerumen impaction, removed.

PLAN: Symptomatic treatment. Recommended not going on the choir trip. Followup if fever persists for 72 hours, increased abdominal pain or otherwise worse.

Fay Sunada, MD

TS:df:l

Job #: 24449622

D: 05/22/2008 14:37:03ET (-3:00 ET)

T: 05/23/2008 11:34:17ET (-3:00 ET)

cc: