

# Phoenix Counseling Center, Inc.

149 S Main Street, PO Box 1257, Phoenix, OR 97535  
541-535-4133 541-535-5458 fax

## Consent for Treatment

Phoenix Counseling Center utilizes a client-centered, trauma-informed approach. Our motto, "Counseling from the Heart," describes the warm, home-like setting you will experience while in treatment at Phoenix Counseling Center.

We are a nonprofit, outpatient counseling center offering substance use and mental health services for adults, adolescents, parents, and families living in the Rogue Valley. Our treatment services include individual, group, couples, and family counseling sessions for voluntary and mandated clients.

There are potential risks associated with any form of counseling. Risks might include experiencing unpleasant and/or uncomfortable feelings. Counseling also involves the potential benefit for greater awareness of self, improved problem-solving abilities, improved communication skills, and stable recovery.

At Phoenix Counseling Center you can be assured that no information you share with your counselor or other staff member will be shared with anyone outside of agency staff, unless you have given us written consent to do so.

We also expect you to honor the confidentiality of other clients at the agency. Please do not share any information you receive from other clients with anyone else, unless that information concerns threat of harm to that client or to others, in which case the information should only be shared with a staff member who will then inform the appropriate entities. Confidentiality is important in the group setting so that you and others may feel comfortable to share what you want. Breaches of confidentiality regarding information gained from other clients/group members (including names of group members) may result in you being discharged from services at Phoenix Counseling Center.

My signature on this document indicates that I understand there may be possible risks and benefits associated with treatment.

**I have chosen to participate in outpatient counseling, either voluntarily or in order to comply with mandates. I understand and agree that I will participate in services and that I may discontinue treatment and/or withdraw my consent for treatment at any time.**

## Welcome to Phoenix Counseling Center

- \_\_\_\_\_ Your treatment may include a combination of individual and group sessions. You and your counselor will create your individual service plan, according to your specific goals and needs.
- \_\_\_\_\_ Treatment is most successful through consistent attendance. Please attend all weekly treatment sessions.
- \_\_\_\_\_ Check-in at the front office 10-15 minutes before your session.
- \_\_\_\_\_ If you need to miss a scheduled appointment, please notify us 24 hours in advance.
- \_\_\_\_\_ Counseling fees are due at the time of service, unless other arrangements have been made.
- \_\_\_\_\_ Research has shown that clients who provide UAs as part of their drug and alcohol treatment hold themselves more accountable and are more successful. Therefore, you can expect that your counselor will ask you to provide random UAs throughout your treatment experience. If, at any time, you choose not to UA when requested, that UA will be counted as a positive.
- \_\_\_\_\_ Abstinence from all substances is the primary goal of treatment at Phoenix Counseling Center.
- \_\_\_\_\_ Any threats or acts of violence toward staff or other clients, or the possession/use of a weapon will invalidate your right to confidentiality and appropriate action will be taken (including contacting law enforcement).
- \_\_\_\_\_ If you are on any prescription medications, we will ask you for a copy of them for your file.
- \_\_\_\_\_ If a staff member suspects that you are under the influence of a substance while at PCCi:
- You may be asked to provide a UA
  - We will work with you to ensure that you get a safe ride home
- \_\_\_\_\_ If you attend group and the facilitator believes that you are under the influence of a substance, you will be asked to leave group.
- \_\_\_\_\_ If you are mandated to treatment and sign a release, information such as: attendance, UA results, progress, and treatment goals will be shared with the mandating agency. We encourage and support clients in holding themselves accountable with their mandating agency.
- \_\_\_\_\_ If you find yourself struggling with treatment goals, you and your counselor may look at other options for increasing your treatment activities and/or level of care.
- \_\_\_\_\_ We encourage you to check out 12-Step or other recovery programs during the course of your treatment.

**Welcome to Phoenix Counseling Center, we are glad you chose us as your treatment providers. We care about you, we want you to be successful, and we look forward to working collaboratively with you. We are honored that you chose us to be your partner on this journey.**

Effective 3/16/2020.

Revised 7/12/2022.

As a result of the COVID-19 pandemic outbreak, some individual/group counseling sessions may be conducted via telephone/ZOOM. We recognize there may be a possible need for extra support due to anxiety/stress and isolation, additional groups and/or individual sessions will be provided if necessary.

I consent to receiving services via telehealth.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## **HIPAA Consent**

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. I understand that by signing this consent I authorize PCCi to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment).
- Obtaining payment from third party payers (e.g. my insurance company).
- The day-to-day healthcare operations of this practice.

I have also been informed of and given the right to review and secure a copy of PCCi's Notice of Privacy Practices which contains a more complete description of the uses and disclosures of my protected health information and my rights under HIPAA. I understand that PCCi reserves the right to change the terms of this notice from time to time and that I may contact PCCi at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment and health care operations, but that PCCi is not required to agree to these requested restrictions. However, if PCCi does agree, PCCi is then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

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## Individual Rights

### While in Treatment You Have the Right:

***(1) In addition to all applicable statutory and constitutional rights, every individual receiving services has the right to:***

- (a) Choose from available services and supports, those that are consistent with the Service Plan, culturally competent, provided in the most integrated setting in the community and under conditions that are least restrictive to the individual's liberty, that are least intrusive to the individual and that provide for the greatest degree of independence;
- (b) Be treated with dignity and respect;
- (c) Participate in the development of a written Service Plan, receive services consistent with that plan and participate in periodic review and reassessment of service and support needs, assist in the development of the plan, and to receive a copy of the written Service Plan;
- (d) Have all services explained, including expected outcomes and possible risks;
- (e) Confidentiality, and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 179.507, 192.515, 192.507, 42 CFR Part 2 and 45 CFR Part 205.50.
- (f) Give informed consent in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law. Minor children may give informed consent to services in the following circumstances:
  - (A) Under age 18 and lawfully married;
  - (B) Age 16 or older and legally emancipated by the court; or
  - (C) Age 14 or older for outpatient services only. For purposes of informed consent, outpatient service does not include service provided in residential programs or in day or partial hospitalization programs;
- (g) Inspect their Service Record in accordance with ORS 179.505;
- (h) Refuse participation in experimentation;
- (i) Receive medication specific to the individual's diagnosed clinical needs; including medications used to treat opioid dependence.
- (j) Receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health and safety;
- (k) Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;
- (l) Have religious freedom;
- (m) Be free from seclusion and restraint;
- (n) Be informed at the start of services, and periodically thereafter, of the rights guaranteed by this rule;

- (o) Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian, or representative, assist with understanding any information presented;
- (p) Have family and guardian involvement in service planning and delivery;
- (q) Have an opportunity to make a declaration for mental health treatment, when legally an adult;
- (r) File grievances, including appealing decisions resulting from the grievance;
- (s) Exercise all rights set forth in ORS 109.610 through 109.697 if the individual is a child, as defined by these rules;
- (t) Exercise all rights set forth in ORS 426.385 if the individual is committed to the Authority; and
- (u) Exercise all rights described in this rule without any form of reprisal or punishment.

***(2) Notification of Rights: The provider must give to the individual and, if appropriate, the guardian, a document that describes the applicable individual's rights as follows:***

- (a) Information given to the individual must be in written form or, upon request, in an alternative format or language appropriate to the individual's need;
- (b) The rights, and how to exercise them, shall be explained to the individual, and if applicable the guardian; and
- (c) Individual rights shall be posted in writing in a common area.

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## EXCEPTIONS TO CONFIDENTIALITY

Confidentiality and privileged communication are your rights as a client. In general, a written release must be signed before the counselor may disclose any information about you to a third party. However, there are some exceptions to confidentiality, including:

- Information regarding a client's serious intention to harm or kill themselves or others.
- CEO and state representatives conducting business.
- Emergency situations involving events beyond Phoenix Counseling's control (i.e. natural disasters, crime or medical emergencies on the premises, etc.) *45 cfr parts 160, 162, and 164*
- Notes or records subpoenaed by judicial order.
- Any suspicion of abuse of a child, elder or disabled person must be reported. The client will be given the opportunity to make any report necessary; however, the counselor must be present and is *required* to make the report if the client is unable or unwilling to do so.

# **PHOENIX COUNSELING CENTER, INC.**

149 S. Main Street, PO Box 1257, Phoenix, OR 97535

Phone: 541/535-4133

Fax: 541/535-5458

## **No Smoking Policy**

- Phoenix Counseling Center (PCCI) is a non-smoking agency in accordance with Oregon Administrative Rules.
- PCCI prohibits smoking in any of the center's buildings or on any of its grounds.
- Smoking is not permitted within 10 feet of any entrance, exit, window or air-intake vent.
- No smoking signs are posted in visible areas inside and outside the buildings.
- Clients violating this policy will be asked to stop smoking.
- Clients who repeatedly violate this policy may be discharged.
- Clients will be offered an introduction to smoking cessation as part of their treatment plan.
- PCCI offers smoking cessation counseling for clients who wish to stop smoking.

OAR 309-032-1540 "Outpatient programs must not allow tobacco use in program facilities and on program grounds.....Tobacco use is not permitted in any alcohol or other drug treatment program facilities in Oregon".

OAR 433.840 "The people of Oregon find that because exposure to secondhand smoke is known to cause cancer and other chronic diseases such as heart disease, asthma, and bronchitis it is necessary to reduce exposure to tobacco smoke by prohibiting smoking in all public places and place of employment".

- I understand that if I desire to stop smoking while engaged in treatment at PCCI, I will be offered smoking cessation counseling.
- I understand that if I have trouble abstaining from cigarette smoking while attending group at PCCI, I will be offered help and ideas on how to take 'comfortable breaks'.
- I understand that smoking is not permitted on the PCCI campus, it's grounds and near surrounding premises. I will make a concerted effort not to smoke when I am here for individual sessions or groups. If I am having difficulties, I will ask my counselor for help.

Revised 10-2017



# Phoenix Counseling Center

149 S. Main Street, Phoenix, OR 97535



## Notice of Privacy Practices

*Effective 11/25/14*

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

*If you have any questions about this notice, please contact our office at 541-535-4133 or by mail to:  
Phoenix Counseling Center, P.O. Box 1257, Phoenix, OR 97535*

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This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office. These records may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

**We may use and disclose health information for the following purposes:**

### **For Treatment**

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. We will request your permission before sharing health information with your family or friends unless you are unable to give permission to such disclosures due to your health condition.

### **For Payment**

We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party.

### **For Health Care Operations**

We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care.

We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

### **For Appointment Reminders**

We may contact you as a reminder that you have an appointment for treatment or medical care at the office. This may be done by telephone and/or by mail. If you have an answering machine we may leave a discreet message regarding your appointment.

### **Required By Law**

We will disclose health information about you when required to do so by federal, state or local law.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

### **Information Not Personally Identifiable**

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

*We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time.*

You have the following rights regarding health information we maintain about you:

#### **Right to Inspect and Copy**

You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care.

#### **Right to Amend**

If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information that we keep
- You would not be permitted to inspect and copy
- Is accurate and complete

#### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend.

#### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

- 
- You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.
  - We reserve the right to change this notice.
  - If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.** To file a complaint with our office, contact:

Phoenix Counseling Center  
149 S. Main St., P.O. Box 1257  
Phoenix, OR 97535  
Phone 541-535-4133

## **Grievance and Appeals Policy and Procedure**

Any individual receiving services, or the parent/guardian of the individual receiving services, may file a grievance with PCCi if they are unsatisfied with the services received. PCCi encourages resolution of complaints at the lowest level. Often a conversation between the complainant and involved staff member(s) is sufficient to satisfy the concerned party. However, if the complaint is not resolved to mutual satisfaction, the complainant is encouraged to complete the Client Grievance form and engage in the grievance process.

1. Individuals will be notified of the Grievance Policy and Procedure upon intake by receiving a written copy of the policy.
2. Client Grievance forms can be found in the lobbies of both buildings on the PCCi campus.
3. When a grievance is filed, staff will assist complainants (as applicable) to understand and complete the grievance process and notify them of the results and basis for the decision.
4. Resolution of the grievance will be facilitated at the lowest possible level.
5. If this matter is likely to cause harm to the individual filing the complaint, the individual may request an expedited review and receive a response in writing within 48 hours of receipt of the grievance.
6. Grievance Timelines:
  - a. The Clinical Director and Executive Director will meet and investigate the grievance within 5 working days of PCCi receiving it and will document the investigation on the Grievance Investigation form.
  - b. PCCi will issue a response to the grievance within 5 working days of the Clinical Director and Executive Director completing their investigation.
    - i. If the grievance is substantiated PCCi will:
      1. Contact the complainant with a proposed/appropriate plan of action.
      2. If complainant approves of the plan of action, PCCi will take the necessary steps to carry out the action plan.
      3. If complainant does not approve of the plan, then the complainant will be encouraged to file an appeal.
      4. A copy of the Client Grievance form and all following documentation will be placed in the staff member's personnel file.
    - ii. If the grievance is unsubstantiated PCCi will contact the complainant with the rationale behind this decision. If the complainant is unsatisfied, the complainant will be encouraged to file an appeal.
7. All grievance forms, investigation forms, and responses will be reviewed quarterly by the Quality Improvement Committee (QIC).
  - a. If the QIC disagrees with the response issued in an unsubstantiated grievance, then the QIC will design an action plan to be proposed to the complainant. The Executive Director will contact the complainant and present the new action plan.
  - b. If the QIC disagrees with the response issued in a substantiated grievance, the QIC will document their disagreement in writing.
  - c.
  - d. Any action plans and/or responses issued by the QIC will be placed in the staff member's personnel file.
8. All grievance forms, investigation forms, and responses will be kept in a locked file cabinet in the Executive Director's office.

9. The complainant shall be free from retaliation resulting from this complaint. Complainant shall also be free from any civil or criminal liability with respect to making or the content of a grievance.
10. The grievant is immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith.

### **Grievance Procedure**

Any individual receiving services, or the parent/guardian of the individual receiving services, may file a grievance with the provider, the managed care plan, or the Division of Addictions and Mental Health. Numbers are listed below.

In order to file a grievance at PCCi:

1. Complete a Client Grievance form, available in the lobbies of both buildings on the PCCi campus.
2. The Clinical Director and Executive Director will meet and investigate the grievance within 5 working days of PCCi receiving it.
3. PCCi will issue a response to the grievance within 5 working days of the Clinical Director and Executive Director completing the investigation.
4. If this matter is likely to cause harm to the individual filing the complaint, the individual may request an expedited review and receive a response in writing within 48 hours of receipt of the grievance.
5. If the complainant is not satisfied with the decision, they may file an appeal in writing within 10 working days of receiving PCCi's response to the initial grievance. The appeal must be submitted to the CMHP Director in the county where the provider is located or to the Division as applicable.
6. If the complainant is not satisfied with the appeal decision, he/she may file a second appeal in writing within 10 working days of the date of the written response to the Director.

**Important Numbers:**

- Division of Addictions and Mental Health (AMH) – 503-945-6182
- Director of Addiction Services Jackson County -541-774-7800
- Disability Rights Oregon -1-800-452-1694
- Care Oregon – 1-800-224-4840
- Oregon Health Plan (OHP)- 503-945-5772

For additional information, please see: Stat. Auth.: ORS 161.390, 413.042, 409.410, 409.420, 428.205 - 428.270, 430.640

Stats. Implemented: ORS 109.675, 161.390 - 161.400, 179.505, 409.430 - 409.435, 430.010, 430.205 - 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549, 743A.168, 813.010 - 813.052 & 813.200 - 813.270

# DUII Policies



## Medical Marijuana Policy

In accordance with state regulations, Phoenix Counseling Center cannot allow the use of medical marijuana by individuals in the DUII program.

## Levels of Care

Level of care is determined by a combination of the following: information gathered at assessment; recommendation on the individual's ADES form sent to PCCi by DUII services; and the initial UA provided at assessment.

If assessed at Level 0.5, individuals will be expected to complete 7 weeks (14 hours) of DUII education groups as well as 3 individual sessions after the assessment. They will also be expected to provide observed UAs at random times throughout their 7 week treatment. If an individual has been diagnosed with a substance use disorder (moderate or severe) in the past or if they have had a previous DUII, they may not be assessed at level 0.5. If any UAs are positive for any unprescribed substances (individuals must provide PCCi with a copy of their prescriptions), level of care will be increased to Level 1.

If assessed at Level 1 treatment, individuals will attend the 7 week education groups as well as weekly individual sessions. After completion of the education groups, a new group will be added to the individual's service plan for the remainder of the **required 90 day abstinence period which begins with the individual's first negative UA**. UAs will be provided during this entire period. If any UA during treatment is positive for any unprescribed substance, the 90 abstinence period restarts on the date of the next negative UA.

If assessed at a higher level of care, the individual will complete the 7 week education group at some point during their treatment.

**Please note: If the initial UA (at assessment) is positive for any unprescribed substance, the individual is automatically assessed at Level 1 (or higher) as per State regulations.**

## Attendance

Phoenix Counseling Center requires consistent attendance in the DUII program for successful completion. It is expected that individuals have a face-to-face interaction every week while in the DUII program. If an absence is pre-arranged, a UA must be provided within the same week of the missed group. If a group is missed without prior arrangement, a UA must be provided within 24 hours of the missed group. In the event that this UA is not provided, an additional weekly group will be added to the individual's service plan for the remainder of their treatment.

**The State of Oregon requires at least one UA every 14 days. If the period between UAs is greater than 14 days, the 90 day abstinence period will restart.**



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[Phoenixcounseling.org](http://Phoenixcounseling.org)

## **EMERGENCY CONTACTS**

### **Helpline**

541-779-HELP (4357)

1-888-609-HELP

### **National Suicide Prevention Lifeline**

1-800-273-TALK (8255)

### **Jackson Co. Mental Health Crisis Services**

541-774-8201

### **Sexual Assault Victim Services (SAVS):**

Hotline: 541-779-4357 or 855-216-2111

### **Ashland Community Hospital:**

541-201-4000

280 Maple Street, Ashland

### **Rogue Regional Medical Center:**

541-789-7000

2825 East Barnett, Medford

### **Providence Medford Medical Center:**

541-732-5000

1111 Crater Lake Ave., Medford

Revised 10-2017

### Urinalysis (UA) Testing

Below is a list of items that may result in a positive UA. It is in your best interest to avoid all of them.

#### Substances to avoid completely (could cause a positive UA):

1. Alcohol of any kind
2. Street drugs, including marijuana. We do NOT accept medical marijuana.
3. Prescription drugs, unless you can provide a prescription and your doctor's name and phone number.

#### Substances that could show up in trace levels in your UA:

1. Kratom
2. Anything that contains alcohol or medical marijuana (sauces, marinades, etc.)
3. Poppy seeds
4. Mouthwash. Use alcohol-free.
5. Tinctures. Use alcohol free.
6. Kombucha tea. It's fermented – avoid all fermented substances.
7. Over the counter cough and cold remedies – including Ny-Quil. They contain dextromethorphan which can show up as an opiate.
8. Nyquil or Day-Quil
9. Breath spray
10. Non-alcoholic beer. It tests positive!
11. Smoking tobacco out of a pipe used for any other drugs
12. Hemp cosmetics, hair products, or lotion
13. Bumming cigarettes from people who might dip them in THC oil or roll them with marijuana shake
14. Flavored extracts for baking that you do not cook
15. Essential oils made with alcohol or THC
16. Hemp
17. Over the counter medication with alcohol or ephedrine in it
18. Diet pills
19. Albuterol breathing treatments

Be sure to read the labels on products, food and drink to be sure they are free of any of these substances.

#### Dilute UAs

Drinking too much liquid can result in a diluted UA reading. You may be asked to provide an additional UA. Drink enough fluid to stay hydrated but try not to drink more than you normally do.

# Oregon Voter Registration Card



## qualifications

Are you a citizen of the United States of America?  yes  no

Are you at least 16 years of age?  yes  no

**!** If you mark no in response to either of these questions, do not complete this form.

## personal information \*required information

last name\* \_\_\_\_\_ first\* \_\_\_\_\_ middle \_\_\_\_\_

Oregon residence address, city and zip code (include apt. or space number)\* \_\_\_\_\_

date of birth (month/day/year)\* \_\_\_\_\_ county of residence \_\_\_\_\_

phone \_\_\_\_\_ email \_\_\_\_\_

mailing address, including city, state and zip code (required if different than residence) \_\_\_\_\_

## Oregon Driver's License/ID number

Provide a valid Oregon Driver's License, Permit or ID:

I do not have a valid Oregon Driver's License/Permit/ID. The last 4 digits of my Social Security Number (SSN) are:

X X X - X X -

I do not have a valid Oregon Driver's License/Permit/ID or a SSN. I have attached a copy of acceptable identification.

## political party

Not a member of a party

Constitution

Democratic

Independent

Libertarian

Pacific Green

Progressive

Republican

Working Families

Other \_\_\_\_\_

**signature** I swear or affirm that I am qualified to be an elector and I have told the truth on this registration.

sign here \_\_\_\_\_ date today \_\_\_\_\_

**!** If you sign this card and know it to be false, you can be fined up to \$125,000 and/or imprisoned for up to 5 years.

## registration updates Complete this section if you are updating your information.

previous registration name \_\_\_\_\_

previous county and state \_\_\_\_\_

home address on previous registration \_\_\_\_\_

date of birth (month/day/year) \_\_\_\_\_

→ If you are not yet 18 years of age, you will not receive a ballot until an election occurs on or after your 18th birthday.

The deadline to register to vote is the 21st day before an election.

Only registered voters are eligible to sign petitions.

**1** Print with a black or blue pen to complete the form.

**2** Sign the form.

**3** Mail or drop off the form at your County Elections Office.

Your County Elections Office will mail you a Voter Notification Card to confirm your registration.

**!** [oregonvotes.gov](http://oregonvotes.gov)

1 866 673 8683  
se habla español

**TTY** 1 800 735 2900  
for the hearing impaired

## information disclosure

Information submitted on an Oregon Voter Registration Card is public record. However, information submitted in the Oregon Driver's License section is, by law, held confidential.

## assistance

If you need assistance registering to vote or voting please contact your County Elections Official. See reverse for contact info.

## → You must provide your valid Oregon Driver's License, Permit or ID number. A suspended Driver's License is valid, a revoked Driver's License is not valid.

-or-  
If you do not have valid Oregon ID, provide the last four digits of your Social Security number.

-or-  
If you do not have valid Oregon ID or Social Security number, provide a copy of one of the following that shows your name and current address.

## acceptable identification

- valid photo identification
- a paycheck stub
- a utility bill
- a bank statement
- a government document
- proof of eligibility under the Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA) or the Voting Accessibility for the Elderly and Handicapped Act (VAEH).





Secretary of State  
Salem OR 97310-0722

## County Elections Offices

<b>Baker County</b> 1995 3rd St, Ste 150 Baker City OR 97814-3365 541 523 8207	<b>Curry County</b> 94235 Moore St, Ste 212 Gold Beach OR 97444-9705 541 247 3297 or 877 739 4218	<b>Jackson County</b> 1101 W Main St, Ste 201 Medford OR 97501-2369 541 774 6148	<b>Malheur County</b> 251 "B" St W, Ste 4 Vale OR 97918-1375 541 473 5151	<b>Umatilla County</b> 216 SE 4th St, Ste 18 Pendleton OR 97801-2699 541 278 6254
<b>Benton County</b> 120 NW 4th St, Rm 13 Corvallis OR 97330-4734 541 766 6756	<b>Deschutes County</b> 1300 NW Wall St, Ste 202 Bend OR 97703-1960 PO Box 6005 Bend OR 97708-6005 541 388 6547	<b>Jefferson County</b> 66 SE "D" St, Ste C Madras OR 97741-1739 541 475 4451	<b>Marion County</b> 555 Court St Ne, Ste 2130 Salem OR 97301-3980 PO Box 14500 Salem OR 97309-5036 503 588 5041 or 800 655 5388	<b>Union County</b> 1001 4th St, Ste D La Grande OR 97850-2100 541 963 1006
<b>Clackamas County</b> 1710 Red Soils Ct, Ste 100 Oregon City OR 97045-4300 503 655 8510	<b>Douglas County</b> PO Box 10 Roseburg OR 97470-0004 541 440 4252	<b>Josephine County</b> PO Box 69 Grants Pass OR 97528-0203 541 474 5243	<b>Morrow County</b> PO Box 338 Heppner OR 97836-0338 541 676 5604	<b>Wallowa County</b> 101 S River St, Ste 100 Enterprise OR 97828-1363 541 426 4543
<b>Clatsop County</b> 820 Exchange St, Ste 220 Astoria OR 97103-4609 503 325 8511	<b>Gilliam County</b> PO Box 427 Condon OR 97823-0427 541 384 2311	<b>Klamath County</b> 305 Main St Klamath Falls OR 97601-6332 541 883 5134	<b>Multnomah County</b> 1040 SE Morrison St Portland OR 97214-2417 503 988 3720	<b>Wasco County</b> 511 Washington St, Rm 201 The Dalles OR 97058-2237 541 506 2530
<b>Columbia County</b> 230 Strand St St. Helens OR 97051-2040 503 397 7214 or 503 397 3796	<b>Grant County</b> 201 S Humbolt, Ste 290 Canyon City OR 97820-6186 541 575 1675	<b>Lake County</b> 513 Center St Lakeview OR 97630-1539 541 947 6006	<b>Washington County</b> 2925 NE Alcock Dr, Ste 170 Hillsboro OR 97124-7523 503 846 5800	
<b>Coos County</b> 250 N Baxter St Coquille OR 97423-1875 541 396 7610	<b>Harney County</b> 450 N Buena Vista, Ste 14 Burns OR 97720-1565 541 573 6641	<b>Lane County</b> 275 W 10th Ave Eugene OR 97401-3008 541 682 4234	<b>Wheeler County</b> PO Box 327 Fossil OR 97830-0327 541 763 2400	
<b>Crook County</b> 300 NE 3rd St, Rm 23 Prineville OR 97754-1919 541 447 6553	<b>Hood River County</b> 601 State St Hood River OR 97031-1871 541 386 1442	<b>Lincoln County</b> 225 W Olive St, Ste 201 Newport OR 97365-3811 541 265 4131	<b>Yamhill County</b> 414 NE Evans St McMinnville OR 97128-4607 503 434 7518	