

Naming a Facility as OMMP Caregiver

Patient:

Name (first, middle initial, last): _____

Date of birth: _____ / _____ / _____ Gender: _____ M _____ F

Mailing address: _____

City: _____ State: _____ ZIP: _____ County: _____

Phone number: _____

Proof of Oregon residency (check one and enclose a copy):

Oregon ID _____ OR Other ID and residency proof _____

Government-issued photo ID number (enclose a copy): _____

Facility:

Name of Facility: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone number: _____

Business email address: _____

Authorized Facility Representative information:

Name: _____ D.O.B. _____ / _____ / _____

Title/Position: _____ Gender: _____ M _____ F

Phone number: _____ Email: _____

Government-issued photo ID (enclose copy) _____

Reports to: _____ Gender: _____ M _____ F

Title: _____ and Contact Info: _____

475B.419 Authority to designate certain organizations as primary caregivers. (1) Notwithstanding ORS 475B.418, an organization that provides hospice, palliative or home health care services, or a residential facility as defined in ORS 443.400, that has significant responsibility for managing the well-being of a person who has been diagnosed with a debilitating medical condition may be designated, in addition to an individual designated pursuant to ORS 475B.418, as an additional caregiver for a registry identification cardholder in the same manner that an individual is designated as the primary caregiver for a registry identification cardholder under ORS 475B.418.

(2) An organization or residential facility that is designated under this section has all the duties, functions and powers of a designated primary caregiver as prescribed by ORS 475B.400 to 475B.525 or a rule adopted under ORS 475B.400 to 475B.525. [2015 c.844 §6]



Albany's Canna Kitchen
& Research, LLC

ACKR Clinic — Phone: (541)-981-2620 — Fax: (541) 730-4147
2300 Ferry St SW Ste. 1 Albany, Or. 97322 P.O.Box 1398 Albany, Or. 97321