

► **Important:** Please download and save a copy of this form before filling it out. ◀

## How to Complete the Medical Record Authorization Form

### ◆ Are you the patient?

- Answer “Yes” if you are the patient or “No” if you are the patient’s legal or personal representative.
  - **NOTE:** If you answer “No”, you may be asked to provide supporting documentation that gives you the authority to request medical records on the behalf of the patient.

### ◆ Patient Information

- Enter the patient’s First and Last Name, Middle Initial (if any), full address, date of birth, phone number, and the patient’s email address (required for contact purposes)

### ◆ Who do you want us to request your records from?

- Enter the name of the Sutter Health facility or Sutter doctor’s full name, address, phone number and fax number.

### ◆ Where do you want the records sent to?

- Check the box if you want records sent to the patient only. You can skip to the next section.
- If records will be sent to someone other than the patient, enter the recipient’s full name, address, city, state, zip code, recipient phone number, recipient fax or email.

### ◆ What is the reason for requesting records?

- Choose the appropriate reason for requesting records. **Check only one.**

### ◆ What treatment dates of service are you looking for?

- List the approximate date range for the treatment dates of service you need to the best of your ability.

### ◆ What types of records would you like? (Check all that apply).

- **Clinic/Doctor’s Office Visit Notes – ALL Providers:** Select only if you want notes from any physician you may have seen.
- **Following Specific Providers(s) ONLY:** Select only if you want notes from a specific doctor’s visit. Please give us the name of your provider to expedite your request.
- **Hospital Records:** Select only if you want records from inpatient hospitalizations or emergency room visits at one of our hospitals.
- **Immunizations:** Select only if you want immunization/vaccination records (e.g. flu shots, DTAP, etc.).
- **Lab Test Results:** Select only if you want your most recent lab test results (e.g. urinalysis, CBC, etc.).
- **Radiology Reports (CT, MRI, X-ray, etc.):** Select only if you want a copy of your radiology exam results (printed form). **NOTE:** To request radiology images, visit <https://www.sutterhealth.org/for-patients/request-medical-record> and click on the appropriate link.
- **Operative Reports/Procedure Notes:** Select only if you want copy of the operative report or procedure note for your most recent surgery or procedure.
- **Physical/Occupational/Speech Therapy Records:** Select only if you want copy of your most recent physical therapy, occupational therapy, or speech therapy records.
- **Home Health Records (Sutter Care At Home):** Select only if you want records related to visits with home health caregivers through *Sutter Care at Home*.
- **Other:** Select only if you are seeking records not listed above. You can provide specific details in the next section.

- ◆ Please describe the specific records you're requesting to help us respond more completely to your request. (Example: related to a condition or surgery, specific lab tests, all available records, etc.).
  - This section is optional. Enter additional details as desired related to the types of records you need.
- ◆ Do we have permission to release the following protected information that may be contained in your medical records?
  - Please check all that apply. Leave blank if none of them apply to you.
- ◆ Is there a deadline for this request?
  - Answer "Yes" if you have a deadline along with the date you need the records of answer "No" if you don't have a specific deadline.
    - **NOTE:** California law allows healthcare providers up to 15 days to fulfill your request.
- ◆ How would you like us to send the records? *\*Must select one (1) option ONLY*
  - Tell us how you would like to receive the records. Check only one option from the list.
- ◆ **Expiration Date (Optional).** The authorization will be effective for one year from the date you sign it unless you specify otherwise. You have the right to give us an alternative expiration date. However, if you do, it must be dated at least 15 days in the future from Today's date to allow ample time to process your request as permitted by California law.
- ◆ **Your Rights Under the Law.** This section is informational only. It explains your rights under state and federal privacy laws.
- ◆ **Signature and Date.** Your signature and date is required for the authorization to be valid. If you are completing the authorization on behalf of the patient, please print your name and your relationship to the patient.

#### Additional Requirements:

- ◆ Photo ID: For your protection, please include a legible copy of a photo ID or other government-issued ID along with the authorization form for identity verification purposes. If you will be picking up your records in-person, you will be asked to provide your Photo ID at that time.
- ◆ If Someone Other Than the Patient: In addition to a Photo ID, please include copy of supporting documentation that gives you authority to request records on behalf of the patient. Acceptable forms of documentation include: *Death Certificate*, *Executor of the Estate* (for deceased patients only), *Power of Attorney* (must include a provision that allows medical decision-making and/or release of medical records), *Power of Attorney for Health Care* (must include a provision that allows release of medical records), or some other form of documentation (subject to final review).

*Thank you for selecting Sutter Health as your provider of choice.*

**AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION**

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**Are you the Patient?**

Yes     No, I'm the patient's legal/personal representative\*

*\*Note: If you're not the patient, you may be asked to provide supporting documentation to verify that you are authorized to make this request on behalf of the patient.*

**Patient Information**

Patient Name:		Date of Birth:	
Address, City, State, ZIP:			
Patient Phone:		Email:	

**Who do you want to request records from?**

Healthcare Provider or Facility Name:			
Address, City, State, ZIP:			
Phone:		Fax:	

**Where do you want the records sent to?** *Note: We can release information only to who you authorize.*

**Check this box if records are being sent to the patient only. No further action in this section needed.**

Recipient Name:			
Recipient Address, City, State, ZIP:			
Recipient Phone:		Recipient Fax or Email:	

**What is the reason for requesting records?**

I'm moving and/or switching doctors   
  Getting a second opinion   
  Seeing a Specialist  
 Military Enlistment   
  Personal Use   
  Other reason: \_\_\_\_\_

**What treatment dates of service are you looking for?**

Specify an approximate\* date range – Start: \_\_\_/\_\_\_/\_\_\_ to End: \_\_\_/\_\_\_/\_\_\_  
*\*Date range doesn't have to be exact. Enter dates to the best of your ability.*

**What types of records would you like?** *Note: Some records may only be available on paper or PDF.*

Clinic/Doctor's Office Visit Notes – ALL Providers    **OR**     Following Specific Provider(s) ONLY: \_\_\_\_\_  
 Hospital Records   
  Immunizations   
  Lab Test Results   
  Radiology Reports (CT, MRI, X-ray, etc.)  
 Operative Reports/Procedure Notes   
  Physical/Occupational/Speech Therapy Records  
 Home Health Records (Sutter Care at Home)   
  Other (Please specify)

**Please describe the specific records you're requesting to help us respond more completely to your request. (Example: related to a condition or surgery, specific lab tests, all available records, etc.)**

**Do we have permission to release the following protected information\* that may be contained in your records? Please check all that apply below. \*Additional authorization may be required.**

HIV Test Results   
  Substance Use/Drug Abuse Records  
 Mental Health Records   
  Genetic Testing Results



1000 HIM ROI AUTHORIZATION

**AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION**

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**Is there a deadline for this request?**

By law we have up to 15 days to fulfill your request. However, if you have an urgent need for an upcoming appointment, please let us know. We will do our best to honor your deadline.

Yes, I have a deadline. Date needed: \_\_\_\_\_  No, just as soon as possible.

**How would you like us to release the records? *\*Must select one (1) option ONLY***

Patient Portal (My Health Online)       Email (encrypted)       Email (unencrypted)\*  
 Fax (50-page limit)       CD (encrypted) by Mail       CD (encrypted) by In-Person Pickup  
Per Page Fees May Apply:       Paper by Mail       Paper by In-Person Pickup

For Additional Fee:  USB flash drive (encrypted) by Mail       USB flash drive (encrypted) by In-Person Pickup

*\*Sending information by unencrypted email increases the risk of being read by an unauthorized third party.*

**Expiration Date**

This authorization shall become effective immediately and remain in effect for one (1) year from the date signed below unless specified here\*: \_\_\_\_\_

*\*Optional Expiration Date (must be at least 15 days in the future from Today's date to be valid)*

**Your Rights Under the Law**

- I may refuse to sign this authorization and my refusal will not affect my ability to obtain treatment or payment.
- I may revoke this authorization at any time. My revocation must be in writing, signed by me or on my behalf, and mailed to this address:
  - Sutter Shared Services, Attn: Release of Information, P.O. Box 619091, Roseville, CA 95661
- My revocation will be effective upon receipt, but will have no impact on uses or disclosures made while my authorization was valid.
- I have the right to receive a copy of this authorization.
- I may inspect and obtain copy of my health information for which I am authorizing the use or disclosure for as long as the information is maintained by the affiliate(s) listed above.
- The location(s) listed above will not receive compensation for the use or disclosure of my health information.
- I understand that California law prohibits the recipients of my health information from making further disclosure of my health information unless the recipient obtains another authorization from me or unless the disclosure is required or permitted by law. This protection does not extend to recipients outside the state of California.

**SIGNATURE AND DATE *(As required by law)***

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Patient or Legal/Personal Representative\*)

\*If signed by someone other than the patient, print name and specify relationship to the patient:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**NOTE:** To request **Billing Records** or **Radiology Images**, visit <https://www.sutterhealth.org/for-patients/request-medical-record> and click on the appropriate link.

## Sutter Health Facility Listing (Hospitals and Clinics/Foundations) for Requesting Medical Record Copies

Facility Name	Mailing Address	City	State	Zip	Fax	Email
Alta Bates Comprehensive Cancer Center, <b>Berkeley</b>	2001 Dwight Way	Berkeley	CA	94704	(510) 204-2043	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Alta Bates Summit Medical Center – Ashby & Herrick Campuses, <b>Berkeley</b>	2450 Ashby Ave - Room 1140	Berkeley	CA	94705	(510) 841-8818	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Alta Bates Summit Medical Center – Summit & Providence Campuses, <b>Oakland</b>	350 Hawthorne Ave.	Oakland	CA	94609	(510) 655-8114	<a href="mailto:absmc-summithimroiteam@sutterhealth.org">absmc-summithimroiteam@sutterhealth.org</a>
California Pacific Medical Center – California/Davies/Pacific/Van Ness Campuses, <b>San Francisco</b>	3700 California St. Ste. 1570	San Francisco	CA	94118	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
California Pacific Medical Center – St. Luke's/Mission Bernal Campus, <b>San Francisco</b>	3555 Cesar Chavez St.	San Francisco	CA	94110	(916) 736-5499	<a href="mailto:WBMBHIM@sutterhealth.org">WBMBHIM@sutterhealth.org</a>
California Pacific Medical Center – Transplant Program, <b>San Francisco</b>	3883 Airway Dr. Ste. 320	Santa Rosa	CA	95403	(707) 573-5407	<a href="mailto:spmfhmsr@sutterhealth.org">spmfhmsr@sutterhealth.org</a>
California Pacific Medical Center – Whitney Clinic, <b>San Francisco</b>	1625 Van Ness St. - 3rd Floor	San Francisco	CA	94109	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Eden Medical Center Outpatient Rehabilitation Services, <b>San Leandro</b>	14207 14th St.	San Leandro	CA	94578	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Eden Medical Center, <b>Castro Valley</b>	20103 Lake Chabot Rd.	Castro Valley	CA	94546	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Kalmanowitz Child Development Center, <b>San Francisco/San Rafael</b>	4000 Civic Center Dr. Ste. 210	San Rafael	CA	94903	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Lafayette Women's Health, <b>Lafayette</b>	3595 Mt. Diablo Blvd.	Lafayette	CA	94549	(510) 841-8818	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Los Banos Rural Health Clinic, <b>Los Banos</b>	1253 I Street	Los Banos	CA	93635	(916) 736-5449	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Memorial Hospital Los Banos, <b>Los Banos</b>	520 I Street	Los Banos	CA	93635	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Memorial Medical Center, <b>Modesto</b>	1700 Coffee Rd.	Modesto	CA	95355	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Menlo Park Surgical Hospital, <b>Menlo Park</b>	570 Willow Rd.	Menlo Park	CA	94025	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Mills Peninsula Medical Center, <b>Burlingame</b>	1501 Trousdale Drive	Burlingame	CA	94010	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Mills Health Center, <b>San Mateo</b>	100 S. Mateo Dr.	San Mateo	CA	94401	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Novato Community Hospital, <b>Novato</b>	180 Rowland Way	Novato	CA	94945	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Novato Community Hospital: Physical Therapy & Sports Fitness, <b>Novato</b>	100 Rowland Way	Novato	CA	94945	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Palo Alto Medical Foundation (PAMF) Clinics/Doctor's Offices – <b>Camino Division</b>	701 E. El Camino Real	Mountain View	CA	94040	(408) 524-5034	<a href="mailto:PAMFROIDept@sutterhealth.org">PAMFROIDept@sutterhealth.org</a>
Palo Alto Medical Foundation (PAMF) Clinics/Doctor's Offices – <b>Mills Division</b>	701 E. El Camino Real	Mountain View	CA	94040	(408) 524-5034	<a href="mailto:PAMFROIDept@sutterhealth.org">PAMFROIDept@sutterhealth.org</a>
Palo Alto Medical Foundation (PAMF) Clinics/Doctor's Offices – <b>Palo Alto &amp; Alameda Divisions</b>	795 El Camino Real	Palo Alto	CA	94301	(650) 838-1606	<a href="mailto:PAMFROIDept@sutterhealth.org">PAMFROIDept@sutterhealth.org</a>
Palo Alto Medical Foundation (PAMF) Clinics/Doctor's Offices – <b>Santa Cruz Division</b>	2880 Soquel Ave. Ste. 1	Santa Cruz	CA	95062	(831) 479-6636	<a href="mailto:PAMFSZROIDept@sutterhealth.org">PAMFSZROIDept@sutterhealth.org</a>
San Mateo Hand Therapy Clinic, <b>San Mateo</b>	101 N. El Camino Real #1	San Mateo	CA	94401	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Amador Hospital, <b>Jackson</b>	200 Mission Blvd.	Jackson	CA	95642	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Auburn Faith Hospital, <b>Auburn</b>	11815 Education St.	Auburn	CA	95602	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Care At Home (SCAH) / Sutter Visiting Nurses Association & Hospice (SVNAH), <b>Various</b>	Various	Various	CA	--	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Center for Psychiatry, <b>Sacramento</b>	7700 Folsom Blvd.	Sacramento	CA	95826	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Coast Clinics/Doctor's Offices, <b>Crescent City</b>	780 East Washington Blvd. Ste. 202	Crescent City	CA	95531	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Coast Health Center, <b>Brookings OR</b>	555 5th St. Ste. 2	Brookings	OR	97415	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Coast Hospital, <b>Crescent City</b>	800 East Washington Blvd.	Crescent City	CA	95531	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Davis Hospital, <b>Davis</b>	2000 Sutter Place	Davis	CA	95616	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>

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Facility Name	Mailing Address	City	State	Zip	Fax	Email
Sutter Delta Medical Center, <b>Antioch</b>	3901 Lone Tree Way	Antioch	CA	94509	(925) 779-3009	<a href="mailto:sdmc-himreleaseofinformation@sutterhealth.org">sdmc-himreleaseofinformation@sutterhealth.org</a>
Sutter East Bay Medical Foundation (SEBMF) Clinics/Doctor's Offices, <b>Albany/Antioch/Berkeley/Brentwood/Castro Valley</b>	2320 Woosley St. Ste. 301	Berkeley	CA	94705	(510) 549-9319	<a href="mailto:ebroidept@sutterhealth.org">ebroidept@sutterhealth.org</a>
Sutter Gould Medical Foundation (SGMF) Clinics/Doctor's Offices – <b>Modesto</b>	600 Coffee Rd.	Modesto	CA	95350	(209) 526-7146	<a href="mailto:SGMFROI@sutterhealth.org">SGMFROI@sutterhealth.org</a>
Sutter Gould Medical Foundation (SGMF) Clinics/Doctor's Offices – <b>Stockton</b>	2505 W. Hammer Lane	Stockton	CA	95209	(209) 473-9388	<a href="mailto:SGMFROI@sutterhealth.org">SGMFROI@sutterhealth.org</a>
Sutter Lakeside Clinics/Doctor's Offices, <b>Lakeport</b>	5196 Hill Road East Ste. 300	Lakeport	CA	95453	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Lakeside Hospital, <b>Lakeport</b>	5176 Hill Road East	Lakeport	CA	95463	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Maternity & Surgery Center Santa Cruz, <b>Santa Cruz</b>	2900 Chanticleer Ave.	Santa Cruz	CA	95065	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Medical Center Sacramento (Sutter General/Memorial Hospital), <b>Sacramento</b>	2825 Capitol Ave.	Sacramento	CA	95816	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Medical Foundation (SMF) Clinics/Doctor's Offices, <b>Davis/West Sacramento/Winters/Woodland</b>	1014 N. Market Blvd #20	Sacramento	CA	95834	(855) 421-9633	<a href="mailto:SMFROIDept@sutterhealth.org">SMFROIDept@sutterhealth.org</a>
Sutter Medical Foundation (SMF) Clinics/Doctor's Offices, <b>Citrus Heights/Elk Grove/Folsom/Rancho Cordova/Sacramento</b>	1014 N. Market Blvd #20	Sacramento	CA	95834	(855) 421-9633	<a href="mailto:SMFROIDept@sutterhealth.org">SMFROIDept@sutterhealth.org</a>
Sutter North Medical Foundation (SNMF) Clinics/Doctor's Offices, <b>Yuba City</b>	1014 N. Market Blvd #20	Sacramento	CA	95834	(855) 421-9633	<a href="mailto:SMFROIDept@sutterhealth.org">SMFROIDept@sutterhealth.org</a>
Sutter Pacific Medical Foundation (SPMF) Clinics/Doctor's Offices, <b>Healdsburg/Novato/Petaluma/Rohnert Park/San Francisco/Santa Rosa</b>	3883 Airway Dr. Ste. 320	Santa Rosa	CA	95403	(707) 573-5407	<a href="mailto:spmfhmsr@sutterhealth.org">spmfhmsr@sutterhealth.org</a>
Sutter Roseville Medical Center, <b>Roseville</b>	One Medical Plaza	Roseville	CA	95661	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Santa Rosa Infusion Center, <b>Santa Rosa</b>	30 Mark West Springs Rd.	Santa Rosa	CA	95404	(707) 541-9107	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Santa Rosa Bariatric Clinic, <b>Santa Rosa</b>	4729A Hoen Ave	Santa Rosa	CA	95405	(707) 541-9107	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Santa Rosa Regional Hospital, <b>Santa Rosa</b>	30 Mark West Springs Rd.	Santa Rosa	CA	95404	(707) 541-9107	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Solano Medical Center, <b>Vallejo</b>	300 Hospital Dr.	Vallejo	CA	94589	(707) 554-5110	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Solano Medical Foundation (SSMF) Clinics/Doctor's Offices, <b>Dixon/Fairfield/Vacaville/Vallejo</b>	1014 N. Market Blvd #20	Sacramento	CA	95834	(855) 421-9633	<a href="mailto:SMFROIDept@sutterhealth.org">SMFROIDept@sutterhealth.org</a>
Sutter Tracy Community Hospital, <b>Tracy</b>	1420 N. Tracy Blvd.	Tracy	CA	95376	(916) 736-5499	<a href="mailto:S3ROIDept@sutterhealth.org">S3ROIDept@sutterhealth.org</a>
Sutter Walk-In Care Clinics – Bay Area, <b>Aptos/Concord/Dublin/Milpitas/Mountain View/Novato/Oakland/Petaluma/San Francisco/San Jose/San Ramon/Santa Clara/Santa Rosa/Walnut Creek</b>	Various	Various	CA	--	--	<a href="mailto:PAMFROIDept@sutterhealth.org">PAMFROIDept@sutterhealth.org</a>
Sutter Walk-Care Clinics – Valley Area, <b>Citrus Heights/Davis/El Dorado Hills/Elk Grove/Folsom/Rancho Cordova/Roseville/Sacramento/West Sacramento</b>	Various	Various	CA	--	--	<a href="mailto:SMFROIDept@sutterhealth.org">SMFROIDept@sutterhealth.org</a>
Transplant Outreach Clinics, <b>Multiple Locations</b>	3883 Airway Dr. Ste. 320	Santa Rosa	CA	95403	(707) 573-5407	<a href="mailto:spmfhmsr@sutterhealth.org">spmfhmsr@sutterhealth.org</a>