OKLAHOMA DEPARTMENT OF CORRECTIONS
AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

By Oklahoma State law, (63 O.S. Section 1-502.2), you must be advised that:

THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF COMMUNICABLE OR NONCOMMUNICABLE DISEASE.

SECTION I.

INFORMATION PERTAINING TO: o OFFENDER o DEPARTMENT OF CORRECTIONS EMPLOYEE

OFFENDER'S NAME	BIRTHDATE	DOC NUMBER	SOCIAL SECURITY NUMBER

I AUTHORIZE AND REQUEST_____
(Name of Person or Agency Releasing Information)

RELEASE COPIES OF MEDICAL RECORD TO: _____

_____

_____

OBTAIN COPIES OF MEDICAL RECORD FROM: _____

_____

_____

PURPOSE OF THIS RELEASE: o CONTINUITY OF CARE o MEDICAL PAROLE o RECORD REVIEW ONLY o OTHER_____

THE EXTENT OR NATURE OF INFORMATION TO BE: o RELEASED o REVIEWED: **TIME PERIOD FROM** _____ **TO** _____

o ENTIRE MEDICAL RECORD (Excludes Mental Health) o RADIOLOGY o PHYSICIAN'S ORDERS

o LAB WORK o OPTHAMOLOGY o HISTORY AND PHYSICAL'S o DENTAL

o MENTAL HEALTH (If mental health information is requested to be released form **140108G must be completed**)

o OTHER_____

DATE UPON WHICH AUTHORIZATION EXPIRES: _____ (If left blank will expire in 90 Days)

I UNDERSTAND THIS AUTHORIZATION MAY BE REVOKED IN WRITING AT ANY TIME UNLESS ACTION HAS ALREADY BEEN TAKEN BASED UPON IT, AND THAT IN ANY EVENT THIS AUTHORIZATION EXPIRES IN NINETY (90) DAYS FROM THE DATE OF SIGNING OR UPON THE CONDITION(S) DESCRIBED ABOVE.

_____
Offender Date

_____
Legal Representative/Guardian Describe authority to act on behalf of the individual Date

CERTAIN STATUTES, STATE AND FEDERAL, MAY PROHIBIT FURTHER DISCLOSURES OR RELEASE OF THE ABOVE INFORMATION WITHOUT SPECIFIC WRITTEN AUTHORIZATION FOR RELEASE FOR THE PERSON (S) ABOUT WHOM IT PERTAINS. THIS AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION IS NOT INTENDED TO AUTHORIZE FURTHER RELEASE OR DISCLOSURE. REDISCLOSURE OF MY MEDICAL RECORDS BY THOSE RECEIVING THE ABOVE INFORMATION MAY BE ACCOMPLISHED WITHOUT MY FURTHER WRITTEN AUTHORIZATION AND MAY NO LONGER BE PROTECTED.

SECTION II. FOR OFFENDER MEDICAL RECORD REVIEW

This is in addition to the completion of the above information. This should be completed once the review is complete.

Offender Signature:	Date of Review:	Time:
Reviewer Signature:	Date of Review:	Time:

SECTION III. FOR OKLAHOMA DEPARTMENT OF CORRECTIONS USE

Below is only for the use of releasing information, not intended to be used for receiving information

Facility _____ Date Release was Received_____ Date Released _____Initials_____

Copied _____ pages @ $.50 per page(s) equals $_____ plus the cost of postage $_____ equals $_____ total due/paid.

(Oklahoma Title 76 Section 19(A)(2)