

**PARDON AND PAROLE BOARD
AUTHORIZATION TO RELEASE INFORMATION**

I, _____, with DOC Number _____,
(Insert First Name, Middle Initial, Last Name)

hereby authorize the Oklahoma Pardon and Parole Board Executive Director or his/her designee to:

1. Release my Oklahoma Pardon and Parole Board Information, including but not limited to, any Parole Investigative Report and all the contents therein, without redaction.
2. I understand the information in my Oklahoma Pardon and Parole Board record may include information relating to behavioral or mental health services, treatment for alcohol and drug abuse, and/or other protected health information.
3. This information may be released to:

Name or Title of Person or Organization: _____

Address (City, State and Zip): _____

Area Code/Phone: _____ Area Code/Fax: _____

Email: _____

4. The relationship to the individual listed above is: _____

5. This information is being released for the following purpose:

6. I understand that I can revoke this Authorization at any time, except to the extent that action has been taken in reliance on it, by providing written notice to the Oklahoma Pardon and Parole Board. In any event, this Authorization expires in one (1) year from the date of signing or upon the condition(s) described above.

7. I understand that my records are currently protected by Oklahoma State statutes including Title 63, O.S. Section 1-502.2, and federal privacy regulations including the Health Insurance Portability and Accountability Act (HIPPA), 45 C.F.R. Parts 160 and 164. I understand that my health information specified above will be disclosed pursuant to this authorization, and that the recipient of the information may redisclose the information and it may no longer be protected by the HIPPA privacy law. When applicable, the federal regulations governing the confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, prohibits redisclosure of such information without my specific written consent or when permitted by regulations.

8. This Authorization is made freely and I voluntarily give this consent.

9. You are hereby authorized to treat copies of this Authorization the same as originals thereof.

Printed Inmate/Offender Name (First Name, Middle Initial, Last Name)

Signature of Inmate/Offender (First Name, Middle Initial, Last Name)

Witness Signature

Date Signed

Date Witnessed