Harvard Family Physicians, P.C.

Family Practice OB / GYN Pediatrics Chiropractic

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AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

_____
PATIENT NAME (PRINT) LAST FIRST MIDDLE MAIDEN OR OTHER

_____
BIRTH DATE SOCIAL SECURITY NUMBER SEX

I hereby authorize Harvard Family Physicians and its duly authorized agents and employees to

[ ] RELEASE TO **or** **[ ] OBTAIN FROM**

_____
NAME OF INDIVIDUAL / FACILITY / COMPANY

_____
ADDRESS

INFORMATION REQUIRED:
[ ] Medical Records
[ ] Other (Specify):_____

THIS INFORMATION FOR THE FOLLOWING PURPOSE:
[ ] Insurance [ ] Continued Treatment [ ] Attorney
[ ] Other (Specify):_____

THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE INFORMATION WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NON-COMMUNICABLE DISEASE.

I understand that I may revoke this consent at any time, and that upon fulfillment of the above stated purpose or the lapse of twelve (12) months from the date of signature, whichever comes first, this consent will automatically expire without my express revocation, but that revocation may not be applied retroactively once the information has been released in good faith. I do not authorize further release to any third party, I understand that Harvard Family Physicians and its staff, employees, officers, and directors cannot be responsible for confidentiality of information disclosed after said information has been released pursuant to this authorization, and hereby release them from any liability arising from such disclosure and from all legal responsibility or liability that may arise from this authorization.

_____ _____
SIGNATURE OF PATIENT / LEGAL GUARDIAN DATE

IF THE PATIENT IS DECEASED, ATTACH A COPY OF THE DEATH CERTIFICATE OR A CONSENT FORM GIVEN BY AN EXECUTOR, ADMINISTRATOR, OR OTHER PERSONAL REPRESENTATIVE APPOINTED UNDER APPLICABLE STATE LAW.

NOTICE OF RIGHTS!

Psychiatric Records: Oklahoma State Law (76 O.S. SUPP 1986 Sect. 19) provides that psychological or psychiatric records may be provided to a patient only if the treating physician or practitioner consents to the release or upon receipt of a court order, issued by a court of competent jurisdiction, finding that it is in the best interest of the patient.
Drug/Alcohol Abuse Records: The confidentiality of drug/alcohol abuse records is protected by Federal Law regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.
Communicable or Venereal Disease: Information in your medical record that you have or may have a communicable, venereal or non-communicable disease is made confidential by law and cannot be disclosed without your permission except in limited circumstances including disclosure to persons who have had risk exposures, disclosure pursuant to an order of the court of the Department of Health, disclosure among health care providers or disclosure for statistical or epidemiological purposes. When such information is disclosed, it cannot contain information from which you could be identified unless disclosure of that identifying is authorized by you, by an order of the court of the Department of Health or by the law.