

UNIVERSITY MEDICAL GROUP

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Durant, OK 74701

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AUTHORIZATION FOR RELEASE OF INFORMATION

Each section must be completed.

I. PATIENT'S IDENTIFICATION

NAME (First, M.I., Last) _____ Maiden Name _____

Address: _____ City/State/Zip _____

Date of Birth _____ SSN: _____

II. This information is to be released: (circle one) TO / FROM

Name of Facility _____

Address _____

City/State _____

Phone _____ Fax _____

I understand that this authorization will automatically expire one year from this date but may be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent.

The information authorized for release may include information which may be considered a communicable or venereal disease which may include, but not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS). Information released may include alcohol and drug abuse records protected under the Code of Federal Regulations and psychiatric records, if any. Re-disclosure of this information by the recipient is prohibited without specific authorization.

I will waive all rights and privileges allowed by law relating to disclosure of confidential information relating to this authorization and release the facility, its agents, and employees from legal responsibility arising from the release of this information.

III. The information to be released is from my medical record and includes (check as appropriate)

The entire record, including any information on alcohol or drug abuse contained therein.

Only information related to (specify) _____ Discharge Summary _____ History & Physician Exam

Operative Report _____ Lab/Pathology _____ X-Ray Reports _____ EKG Reports

Other: _____

Only the period or events from: _____ To _____

IV. A .25¢ charge per page will be assessed for all records copied.

Signature of Patient or Guardian

Relationship to Patient

Date

Witness/Attending Physician (as applicable)

Date