

**AUTHORIZATION FOR RELEASE AND DISCLOSURE OF
MEDICAL RECORDS AND INFORMATION**

TO: THE OKLAHOMA HEALTH PROFESSIONALS RECOVERY PROGRAM (the "Program").

I, _____, Date of Birth: _____, hereby waive my medical privilege and my rights of privacy and privilege as to any and all of my protected Individually Identifiable Health Information as defined, set forth and promulgated by the Health Insurance Portability and Accountability Act of 1966 ("HIPAA") and all other pertinent records maintained or required by the Program and authorize direct The Oklahoma Health Professionals Recovery Program (OHPP) to release, disclose and furnish any and all:

Medical records, treatment records, diagnostic evaluations, prognosis, opinions and/or documents reflecting descriptions and nature of disability, diseases, conditions, all other reports, office notes, and information sheets, medical histories, prescriptions, medicines and drugs furnished, referrals, missed appointments and documents filed, compiled or maintained by OHPP.

The undersigned hereby states: I AM AWARE THAT THIS AUTHORIZATION FOR RELEASE AND DISCLOSURE HAS BEEN EXECUTED IN CONNECTION WITH THE UNDERSIGNED'S REQUEST FOR RELEASE OF INFORMATION.

The undersigned hereby states: I AM AWARE THAT ONCE THE INFORMATION AUTHORIZATION FOR RELEASE IS DISCLOSED, IT IS NO LONGER CONSIDERED PROTECTED HEALTH INFORMATION (PHI), AND MAY BE SUBJECT TO RE-DISCLOSURE BY THE RECEIVING PERSON AND/OR PERSONS, CORPORATIONS, OR OTHER ENTITY AND THEREFORE, WOULD NO LONGER BE PROTECTED BY FEDERAL PRIVACY REGULATIONS AND LAWS.

The undersigned hereby states: I AM AWARE THAT I MAY REVOKE THIS AUTHORIZATION FOR RELEASE AND DISCLOSURE AT ANY TIME BY NOTIFYING IN WRITING, **OHPP**, OF MY DESIRE TO REVOKE. I AM FURTHER AWARE THAT ANY USE, ACTION, DISCLOSURE OR RELEASES MADE IN RELIANCE OF THIS DOCUMENT PRIOR TO REVOCATION IS NOT INCLUDED OR CONSIDERED AS PART OF OR SUBJECT TO THE REVOCATION.

The undersigned hereby states: **I AM AWARE THAT A PHOTOSTATIC COPY OF THIS AUTHORIZATION FOR RELEASE AND DISCLOSURE IS TO BE GIVEN THE SAME FORCE AND EFFECT AS THE ORIGINAL.**

SIGNATURE

DATE