

Oklahoma Institute of Allergy & Asthma

Release of Medical Records

Patient name: _____ Date: _____

Address: _____

City / State / Zip: _____

Phone: _____ Date of birth: _____ SSN# _____

FROM: I hereby authorize: _____

Name: _____

Address: _____

City / State / Zip: _____ Phone: _____

Purpose of disclosure (check all that apply): Medical Care _____ Insurance _____ Attorney _____ Other _____

To release photocopies of my medical records from _____ to _____ or all records

To: The following individual or organization:

Amy L. Darter, M.D.
Bret R. Haymore, M.D.
Oklahoma Institute of Allergy & Asthma
1810 East Memorial Road
Oklahoma City, OK 73131
(405) 607-4333/ (405) 607-4404

Information requested

Admission Note (History & Physical)
 Diagnosis
 Office Visit

Progress Note
 Pulmonary Function

Laboratory Reports
 Skin Test

Other: _____

I understand that this authorization will automatically expire six months from the date of my signature. I also understand that this authorization can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this authorization. To cancel this authorization, send a written request to Oklahoma Institute of Allergy & Asthma where your medical records are kept. Information in your medical record that you have or may have a communicable or venereal disease is made confidential by law and cannot be released without your permission except in limited circumstances including release to persons who have had risk exposure, release pursuant to an order of the court of the Department of Health, release among health care providers or release for statistical or epidemiological purpose. When such information is released, it cannot contain information from which you could be identified unless release of that identifying information is release to you, by an order of the court or the department of Health or by law.

I understand that the information authorized for release may contain information which may be considered a communicable or venereal disease which may include, but is not limited to, disease such as hepatitis, syphilis, gonorrhea, or the Human Immunodeficiency Virus (HIV), also known as Acquired Immuno Deficiency Syndrome (AIDS).

Information release may include alcohol and drug abuse records protected under the Code of Federal Regulation and psychiatric records. Re-disclosure of this information by the recipient is prohibited without specific authorization.

Oklahoma Institute may not require that you sign this authorization to receive treatment except for certain research-related treatment.

Signature of patient or legal guardian: _____ Date: _____

Federal rules prohibit any further disclosure of this information unless disclosure is expressly permitted by written consent of the person whom it pertains.