

AUTHORIZATION FOR RELEASE OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

PATIENT NAME		DAYTIME TELEPHONE NO
BIRTH DATE	SOCIAL SECURITY NO.	TREATMENT DATES FROM _____ TO _____
INFORMATION TO BE USED or DISCLOSED		PURPOSE OF USE or DISCLOSURE
<input type="checkbox"/> X-Ray Reports <input type="checkbox"/> X-Ray Images <input type="checkbox"/> Lab/Pathology Reports <input type="checkbox"/> Cardiac/EKG Reports <input type="checkbox"/> Pulmonary Studies <input type="checkbox"/> History & Physical <input type="checkbox"/> Operative Report <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Consultation Reports		<input type="checkbox"/> Filing Insurance <input type="checkbox"/> Continued Treatment <input type="checkbox"/> Request of patient or their legal representative <input type="checkbox"/> Other (must specify) _____ _____ _____ _____
<input type="checkbox"/> Surgical Lab Specimen Pathology Case # _____ <input type="checkbox"/> Paraffin Block <input type="checkbox"/> Microscopic Slides <input type="checkbox"/> ALL Health Information <input type="checkbox"/> Billing Information <input type="checkbox"/> Other (must specify) _____ _____		
PERSON OR ORGANIZATION INFORMATION IS TO BE RELEASED TO OR OBTAINED FROM		
NAME OF PERSON/ORGANIZATION		
ADDRESS		
_____ _____ _____		
Faxed Results, LAB USE ONLY: Results will be faxed to patients by specific request according to the Laboratory Outreach Fax/Called Results Policy and Lab Result Availability Procedure. Fax to:		

I UNDERSTAND:

- This may include records involving *communicable or venereal disease, psychiatric, drug abuse and/or alcoholism*. **The information authorized for use or disclosure may include information which may indicate the presence of a communicable or non-communicable disease.**
- I may cancel this authorization at any time by sending written cancellation to the St. John Health System facility (see back of form) that released or obtained information based on this authorization. This cancellation will not apply to information already released based on this authorization.
- This authorization automatically ends when the information is released or obtained OR - twelve (12) months after the date signed, whichever comes first.
- The person or organization receiving information based on this authorization could re-release the information to others and federal law would no longer protect it. I release the hospital and its staff, employees, officers and directors from any responsibility from such re-release.
- St. John Health System will not base treatment, payment, enrollment in a health plan or eligibility for benefits upon getting this authorization. **EXCEPTION:** If you are seeking treatment for the purpose of getting medical information to release to someone else, such as a physical for school sports or pre-employment drug tests, we can insist on an authorization before providing treatment.
- If this authorization is for marketing purposes, St. John Health System will or will not receive indirect or direct payment from _____

With this knowledge, I voluntarily give my consent to the use and disclosure of individually identifiable health information including information concerning my identity and release St. John Health System and its duly authorized agents and employees from any liability in connection with the use or disclosure of the information contained herein. I hereby authorize the following St. John Health System facility (specify) _____ and its duly authorized agents and employees to Release to or Obtain from _____ the person or organization listed above my individually identifiable health information for the use and disclosure described above. I do not authorize further release to any third party.

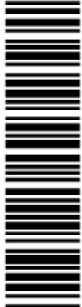
SIGNATURE OF PATIENT/PERSONAL REPRESENTATIVE	DATE	PATIENT/PERSONAL REPRESENTATIVE ID VERIFIED BY
AUTHORITY OF PERSONAL REPRESENTATIVE TO ACT ON BEHALF OF PATIENT		<input type="checkbox"/> Picture ID <input type="checkbox"/> Other (specify) _____
REASON PATIENT UNABLE TO SIGN		
SIGNATURE OF WITNESS	DATE	

TRANSLATION: This certifies that this Authorization was read to the patient or their personal representative in his/her native language; all representations that appear in the Authorization were understood and authorized by the patient or their personal representative.

SIGNATURE OF INTERPRETER	DATE
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DRUG/ALCOHOL ABUSE RECORDS: This information has been disclosed to you from records protected by Federal Confidentiality rules (42 CFR part 2). These Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise specified by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Communicable or Venereal Diseases: Oklahoma State Law (63 Okla. State. 1-502.2-3) mandates that the medical information cannot be released unless the consent form includes the warning outlined above in boldface type. When such information is released, it cannot contain information from which the patient can be identified unless release of that identifying information is authorized by the patient, by a court order, by the Department of Health or by operation of law.



CONFIDENTIAL INFORMATION

ST. JOHN HEALTH SYSTEM
ENTITY ADDRESSES

St. John Medical Center
Attn: Medical Record Department
1923 S. Utica Ave
Tulsa, OK 74104

St. John Owasso
Attn: Medical Record Department
12451 E. 100th St. North
Owasso, OK 74055

St. John Home Health/Hospice
Attn: Medical Record Department
1923 S. Utica Ave
Tulsa, OK 74104

St. John Sapulpa Medical Center
Attn: Medical Record Department
1004 E. Bryan
Sapulpa, OK 74066

Heartsworth House Assisted Living Program
802 N. Brewer
Vinita, OK 74301

Rosewood Terrace
1200 West Canadian Ave
Vinita, OK 74301

Franciscan Villa
17110 E. 51 St. South
Broken Arrow, OK 74012

Frances Streitl Assisted Living Campus and
Nursing Home
2300 W. Broadway
Collinsville, OK 74021

Professional Pharmacy
1919 S. Wheeling
Tulsa, OK 74114

Regional Medical Laboratory, Inc.
1923 S. Utica Ave
Tulsa, OK 74104

Wells Dental Clinic
415 S. Mission
Sapulpa, OK 74066

Family Medical Clinic
1004 E. Bryan
Sapulpa, OK 74066

St. John Medical Center
Attn: Radiology
1923 S. Utica Ave
Tulsa OK 74104

St. John Outpatient Radiology
St. John Medical Park
8131 S. Memorial Drive
Tulsa, OK 74133

St. John Outpatient Raiology
Bernsen Medical Plaza
1919 S. Wheeling Ave
Tulsa, OK 74104

St. John Breast Center
1923 S. Utica Ave
Tulsa, OK 74104

St. John Outpatient Radiology Claremore
3100 Medical Pkwy
Suite 300
Claremore, OK 74017