

South OKC Women's Health Care

Raymond Deiter D.O.
Linzi Stewart D.O.
Kelly Dennis PA-C

1100 SW 89th ST. Oklahoma City, OK 73139
Phone: 405-632-7256 405-632-5024

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name:

Date of Birth:

Previous Name:

Social Security #:

I request and authorize _____ to release
healthcare information of the patient named above to:

Name:

Address:

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates

List here:

All healthcare information Other

List here:

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereum, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

Yes No

I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

Yes No

I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.