Sharing of Medical Information

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Phone: 405-605-4265
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Patient name: ______________________________

Social Security Number: ______________________________

Date of Birth: ______________________________

Acknowledgement of Receipt of Notice of Privacy Practices

This acknowledges I have received the Notice of Privacy Practices from my provider at
Southwest General Surgery

Signature: ______________________________ ***Date:*** ______________

This will serve as authorization to release all medical records contained in the medical chart that relates to any physical condition or treatment given by any physician employed by Southwest General Surgery to the above named patient. This will also serve as authorization for release of information to referring physicians and the patient's insurance company for insurance claim purposes only.

The information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such hepatitis, syphilis, gonorrhea and the human immunodeficiency virus also known as Acquired Immune Deficiency Syndrome (AIDS). Oklahoma Statute: 63 OS 1.502.2

I also authorize you to accept a photo copy of this release and it shall have the same force and effect as if it were the original.

I acknowledge that I understand all of the above information. My signature indicates that I have read this Medical Release and grant the request for Authorization.

Signature: ______________________________ ***Date:*** ____/____/________

Medicare Patients Only

I hereby authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or a payment of medical insurance benefits either to myself or the party who accepts assignment. I understand it is mandatory to notify the health care provider of any other party who may be responsible for paying for my medical treatment.

Signature: ______________________________ ***Date:*** ____/____/________