

**OKLAHOMA DEPARTMENT OF CORRECTIONS
AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION
RELEASE OF PSYCHIATRIC/PSYCHOLOGICAL RECORDS**

(INTENDED ONLY FOR RELEASING PSYCHIATRIC/PSYCHOLOGICAL RECORDS)

When releasing Protected Health Information, DOC Form 140108A must be completed and attached with this form in order for the authorization to be complete.

Offender's Name	DOC Number	Birthdate	Social Security Number
Treatment Date(s):			

I. ATTORNEY, A THIRD PARTY PAYOR, OR A GOVERNMENTAL ENTITY

OKLAHOMA TITLE 43A, SECTION 1-109 (D) PROVIDES, "EXCEPT AS OTHERWISE PERMITTED, MENTAL HEALTH AND ALCOHOL OR SUBSTANCE ABUSE TREATMENT INFORMATION MAY NOT BE DISCLOSED WITHOUT VALID PATIENT AUTHORIZATION OR A VALID COURT ORDER ISSUED BY A COURT OF COMPETENT JURISDICTION. FOR PURPOSES OF THIS SECTION, A SUBPOENA BY ITSELF IS NOT SUFFICIENT TO AUTHORIZE DISCLOSURE OF MENTAL HEALTH AND ALCOHOL OR SUBSTANCE ABUSE TREATMENT INFORMATION."

II. OFFENDER ACCESS TO PSYCHIATRIC/PSYCHOLOGICAL RECORDS

The execution of an authorization shall not be construed to authorize the offender personal access to the records or information, unless the treating physician or practitioner signs the following or an order from the court or competent jurisdiction is provided. Any violation will be reported to the appropriate authorities.

45 C.F.R. § 164.524 PROVIDES IN PART, "A COVERED ENTITY THAT IS A CORRECTIONAL INSTITUTION OR A COVERED HEALTH CARE PROVIDER ACTING UNDER THE DIRECTION OF THE CORRECTIONAL INSTITUTION MAY DENY, IN WHOLE OR IN PART, AN OFFENDER'S REQUEST TO OBTAIN A COPY OF PROTECTED HEALTH INFORMATION, IF OBTAINING SUCH COPY WOULD JEOPARDIZE THE HEALTH, SAFETY, SECURITY, CUSTODY, OR REHABILITATION OF THE INDIVIDUAL OR OF OTHER OFFENDERS, OR THE SAFETY OF ANY OFFICER, EMPLOYEE, OR OTHER PERSON AT THE CORRECTIONAL INSTITUTION OR RESPONSIBLE FOR THE TRANSPORTING OF THE OFFENDER."

OKLAHOMA TITLE 43A § 1-109 B. PROVIDES IN PART, "A PERSON WHO IS OR HAS BEEN A CONSUMER OF A PHYSICIAN, PSYCHOTHERAPIST, MENTAL HEALTH FACILITY, A DRUG OR ALCOHOL ABUSE TREATMENT FACILITY OR SERVICE, OTHER AGENCY FOR THE PURPOSE OF MENTAL HEALTH OR DRUG OR ALCOHOL ABUSE CARE AND TREATMENT SHALL BE ENTITLED TO PERSONAL ACCESS TO HIS OR HER MENTAL HEALTH OR DRUG OR ALCOHOL ABUSE TREATMENT INFORMATION, EXCEPT THE FOLLOWING:"

"INFORMATION THE PERSON IN CHARGE OF THE CARE AND TREATMENT OF THE PATIENT DETERMINES TO BE REASONABLY LIKELY TO ENDANGER THE LIFE OR PHYSICAL SAFETY OF THE PATIENT OR ANOTHER PERSON" AND/OR "INFORMATION REQUESTED BY AN OFFENDER THAT A CORRECTIONAL INSTITUTION HAS DETERMINED MAY JEOPARDIZE THE HEALTH, SAFETY, SECURITY, CUSTODY OR REHABILITATION OF THE OFFENDER OR OTHER PERSON."

Signature of attorney, a third party payor or a governmental entity Date

The offender may have access to his/her psychiatric/psychological records: (Check One)

- Yes No

Signature of Treating Physician/Practitioner Facility Date