



RELEASE OF INFORMATION TO ATTORNEY OR OTHER AUTHORIZED PERSON

I, _____, DOC Number _____ authorize the Oklahoma Pardon and Parole Board Executive Director and/or his designee to release my Oklahoma Pardon and Parole Board information including, but not limited to, any Parole Investigative Report(s) and all the contents therein, *without redaction*, to:

AUTHORIZED PARTY INFORMATION	
Authorized Party Name:	Law Firm or Organization (if applicable):
Phone Number:	Address:
Email Address:	
Relationship to Authorized Party:	
Purpose of Release:	

- I understand the information in my Oklahoma Pardon and Parole Board record may include information relating to behavioral or mental health services, treatment for alcohol and drug abuse, and/or other protected health information.
- I understand that my records are currently protected by Oklahoma State statutes including Title 63, O.S. Section 1-502.2, and federal privacy regulations including the Health Insurance Portability and Accountability Act (HIPPA), 45 C.F.R. Parts 160 and 164. I understand that my health information specified above will be disclosed pursuant to this authorization, and that the recipient of the information may redisclose the information and it may no longer be protected by the HIPPA privacy law. When applicable, the federal regulations governing the confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, prohibits redisclosure of such information without my specific written consent or when permitted by regulations.
- I understand that I can revoke this Authorization at any time, except to the extent that action has been taken in reliance on it, by providing written notice to the Oklahoma Pardon and Parole Board. Unless revoked, this Authorization expires upon the later of: 1) the end of any underlying representation by legal counsel (if applicable), OR one (1) year from the date of signing.

This Authorization is made freely and I voluntarily give this consent. You are hereby authorized to treat copies of this Authorization the same as originals thereof.

Date

Signature

Printed Name