



Medical Disclosure Form

We are committed to protecting your privacy. The HIPPA of 1996 controls how the Protected Health Information of our patients can be discussed and with whom. This form authorizes Oklahoma Health and Wellness Center to discuss your PHI with those you have listed and in what specific manner.

Individuals to whom your health information may be disclosed (check all that apply):

- Spouse, Name: _____
- Parent, Name(s) _____
- Child, Name(s) _____
- Other, Name(s) _____

Can a message be left on an answering machine?

- Home Work Cell

What kind of information can be disclosed?

- All at the providers discretion
- Confirm/Make an appointment
- Diagnosis
- Medical History
- Treatment
- Surgical information
- Medical History
- Billing/Insurance Information
- Other _____

- NO information may be disclosed

Patient Name (print): _____ DOB: _____

Patient/Guardian Signatute: _____ DATE: _____