Oklahoma Horsemen's Benevolent & Protective Association

Authorization for Use and Disclosure of Protected Health Information

Please fill out highlighted areas only

Name_____ Date_____

Birth Date_____ SSN_____

Account/Health Record Number_____

I authorize **Oklahoma Horsemen's Benevolent & Protective Association, dba TRAO**
1 Remington Pl, Oklahoma City, OK 73111 to receive my free copy of the information from:

The following individually identifiable health information may be used and/or disclosed:

Check all that apply:

_X____Discharge Summary	_X____Reports of Lab Test
_X____History and Physical Records	_X____Reports of X-Rays
_X____Face Sheet	_X____Emergency Room Records
_X____Consultation Reports	_X____Operative Reports
_X____Pathology Reports	_X____Payment/Billing Records
_X____Psychotherapy Notes	_X____Other_____

Dates of treatment to be released_____

The above mentioned health record is being requested to process my request for assistance with incurred charges.

I authorize the release of any information contained in the above records concerning treatment of drug or alcohol abuse, drug related conditions, alcoholism, psychiatric/psychological conditions, psychiatric/mental health treatment and/or HIV related conditions.

I understand that I have the right to revoke this Authorization, if the revocation is in writing and delivered to the **Oklahoma Horsemen's Benevolent & Protective Association.** Any revocation will have no effect on any action taken by the **Oklahoma Horsemen's Benevolent & Protective Association** in reliance upon this Authorization and prior to receiving any revocation.

By signing this Authorization, I acknowledge that I have read and understand this Authorization; I authorize the use and disclosure of my health information and in accordance with the terms of this Authorization. Further, I give authorization for any health information records to be sent to the **Oklahoma Horsemen's Benevolent & Protective Association** via fax.

X

Signature of Individual or Personal Representative **Date**

This authorization expires on December 31, 2024

Phone: (405) 427-8753 Fax: (405) 427-7099