

OUTPATIENT MEDICAL CENTER, INC.

CONSENT TO RELEASE OF INFORMATION WAIVER OF CONFIDENTIALITY

I understand that treatment, payment, enrollment, or eligibility for benefits provided by OMC is not conditioned on whether I sign this authorization. Such information cannot be released without authorized written permission, except as required by law.

I UNDERSTAND that the information in the record of:

Name:	DOB:		
Address:	SS#:		
City:	State: Zip Code:		
□ Natchitoches OMC 1640 Breazeale Springs Street Natchitoches, LA 71457 Ph: 318.352.9299 Fax: 318.357.8236	Leesville OMC 908 10 th Street Leesville, LA 71446 Ph: 337.238.1274 Fax: 337.239.2225	☐ Tallulah OMC 804 North Beech Street Tallulah, LA 71282 Ph: 318.574.1453 Fax: 318.574.5876	☐ School Based OMC 1500 Gold Street Natchitoches, LA 71457 Ph: 318.238.7440 Fax: 318.238.7439
Е	Release Information <u>TO</u>	□Obtain Information	FROM
Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:		
I authorize the release of the following protected Health Information: (Place an "X" in the box/boxes that apply to the information you want to released or you want to obtain)			
 □ Entire Records □ Only Medical Reports □ Only Behavioral/Psychology □ Only Dental Records □ Only Physical Therapy Records □ Other: 			
I understand that I have the right to refuse or disclose HIV Test results. □ I DO NOT AUTHORIZE release of HIV test results.			
The above listed Information is to be release for the specific purpose as indicated in the box/boxes below. ☐ Medial Evaluation/Care ☐ Changing Providers ☐ Legal Investigation or Action ☐ Other:			
I understand that my permission released. My permission to release expiration date, this authorization information disclosed by this authorivacy regulations.	se this information will expire will expire one (1) year from	e:/ I understant the date on which it was signe	and that if I do not specify an ed. I, further understand that the
The undersigned certifies that he authorization to sign on behalf of			ed above and has the legal
Signature of Patient or Legal R	epresentative	Date	
Witness		Date	