

**Oklahoma Standard Authorization to Use or Share Protected Health Information  
(PHI)  
Instructions**

- Complete Patient Name, Date of Birth, Medical Record # and Social Security # (Medical Record # and Social Security # are not required);
- Insert the name of the person or organization disclosing the PHI;
- Insert the name and address of the person or organization receiving the PHI;
- Check the appropriate box(es) for the information to be shared and/or check the “other” box and insert the information to be shared;
- Check the appropriate box for the purpose for sharing the PHI and/or check the “other” box and insert the purpose;
- If the Authorization expiration date is different than one year from the date of signature and the desire is to have the expiration date to occur at the occurrence of an event, insert the occurrence of the event for an expiration date;
- The patient or Legal Representative must sign and date the Authorization
- If a Legal Representative signs the Authorization, a description must be inserted in the appropriate space;
- If the expiration date of the Authorization is longer than one year from the date of signature or no event is indicated, insert an expiration date.