Citizen Potawatomi Nation Health Services



781 Grand Casino Blvd. Shawnee, Oklahoma 74804

P: (405) 964-5770 F: (405) 964-5788

East Clinic

2307 S. Gordon Cooper Dr. Shawnee, Oklahoma 74801

P: (405)273-5236 F: (405)395-0083

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

		DOB:	SSN	CPNHRN
I authorize			to release informa	ation contained in medical records
and charts	to the following provide	er or facility		
I authorize	Last 2 Years of records Last 1 year of records Colonoscopy including EGD including any pa Well women exam record ALL prenatal care record ALL mammogram rep Release records covering Release information in period(s) Specified above	including:office note is from Date signed. from Date signed. g any pathology report athology report ords including labs, papords including labs, image orts, images, and breasting the period beginning relating treatment, hosp	smear, and HPV reporting, and office notes. Tultrasounds To number of an and office notes. The substitution of the substitutio	Med ListImmunization records rts. l ending on tpatient care for substance abuse for the
	Oulei.			
These records	s will be used for:			
	ds or information including; iscuss insurance needs with a		communication with CPNI	HS including access to medical records, medication
released in coindicate I ha	mpliance with this authorizat we a communicable or nor or the Human Immunodefi	n-communicable disease wiciency Syndrome (AIDS).	on. I understand that my hich may include, but no With this knowledge, I free	norization at any time although information alread medical records may contain entries which may t limited to, diseases such as hepatitis, syphili- ely consent to release the information in my medic
records specif	nd employees from any liabili	tion related to my identity. I		omi Nation and the CPN Health Services as well and I have consented.
records specif	nd employees from any liabili / Patient Signature/Date		ease of information to which	
records specification their agents as	/	ty in connection with the rele	ease of information to which	n I have consented.
records specification their agents as	Patient Signature/Date	ty in connection with the rele	ease of information to which	n I have consented.
records specification and their agents are supported by their agents and their agents are supported by the supported by their agents are supported by the supported by	Patient Signature/Date ned above is unable to sign this o	ty in connection with the rele	ease of information to which	n I have consented. n Date From Above

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