RELEASE OF OKLAHOMA PHARMACISTS HELPING PHARMACISTS (OPHP) INFORMATION

TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize and direct the Oklahoma Pharmacists Helping Pharmacists (OPHP) program to release any and all copies of reports, evaluations, and information pertaining to the examination, treatment or hospitalization with the OPHP program.

**A copy of this medical authorization shall have the same force and effect as the original.**

**Dated this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, in \_\_\_\_\_\_\_\_\_\_\_\_ County, State of Oklahoma.**

**I understand that my records are protected under Federal and State Confidentiality Regulations and cannot be released without my written consent unless otherwise provided for. I may revoke this consent at any time. If not previously revoked, this consent will terminate upon successful completion of my recovery monitoring agreement with Oklahoma Pharmacists Helping Pharmacists.**

**I further acknowledge that the information to be released was fully explained to me and my consent is given of my own free will.**

OPHP will provide hard copy documents and client records to the client, client authorized recipients, OPHP legal counsel, and client’s legal counsel (with official letter of representation) at the following rates:

* **$0.25 per page regular copy**
* **$1.00 per page certified copy**
* **$100.00 per hour for labor (\*minimum ½ hour) to collect, review, and print requested documents**
* **Legal fees to OPHP’s legal counsel to approve the document request, authorization form, and client’s legal counsel letter of representation**
* **Reasonable costs of mailing documents if OPHP participant does not wish to pick up from OPHP**

The OPHP participant will receive an invoice from OPHP for the document production. OPHP participant must provide payment for the document request prior to the production of documents. OPHP will produce the documents within five (5) business days of the paid invoice.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Pharmacist’s Signature**

**revised 7/2024**