

Deaconess Pregnancy & Adoption Services, LLC

7101 NW Expressway, Suite 325 ♦ Oklahoma City, Oklahoma 73132 ♦ Phone: (405) 949-4200 ♦ Fax: (405) 720-8686
Website: www.deaconessadoption.org

CONSENT FOR RELEASE OF NON-IDENTIFYING INFORMATION

By state law, you must be advised that:

The information authorized for release may include records which may indicate the presence of communicable or venereal disease which may include, but are not limited to diseases such as hepatitis, syphilis, gonorrhea and human immunodeficiency virus, also known as acquired immunodeficiency syndrome (AIDS).

I authorize and request Deaconess Pregnancy & Adoption Services, LLC and the physicians who treated me to release medical information including copies from the medical record of:

Requester's Full Name _____ Date of Birth _____ Social Security Number _____

Adoptive Parents' Names (Adoptees) or Name used at the time of birth (Birth Parents)

Street Address _____ City/State/Zip _____

Home Phone Number _____ Cell or Business Phone Number _____

Information requesting:

___ Description Sheet & Social and Health History - \$50.00

___ Indian Enrollment Application - \$250.00 fee

I understand this consent can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent.

Deaconess Pregnancy & Adoption Services, LLC, its employees, officers and attending physicians, are released from legal responsibility for the release of the above requested information.

Signature _____

Please attach two of the following identity verifications:

Date _____

- Birth Certificate
- Social Security Card
- Driver's License

State of _____)

County of _____)

Signed or attested before me on the _____ day of _____, 20_____.

My Commission Expires:

Notary Public