Ronald McDonald House Charities Oklahoma City

Consent to Release Information

Patient Information

Patient's Full Name: _____

Date of Birth: _____

Parent/Legal Guardian (or Patient if age 18 or older): _____

Authorization

I authorize my child's physician, hospital, clinic, social worker, case manager, nurse, or other authorized healthcare provider to release information to **Ronald McDonald House Charities Oklahoma City (RMHC OKC)** that is necessary to determine eligibility for lodging and coordinate our family's stay.

Information that may be released includes, but is not limited to:

- Verification of the patient's medical appointment, hospitalization, procedure, or treatment.
- Confirmation of anticipated admission, appointment, treatment, or discharge dates.
- Expected treatment schedule or anticipated length of stay.
- Medical, social, behavioral, or safety concerns that may impact my family's stay at RMHC OKC.
- Other information reasonably necessary to determine eligibility for lodging or coordinate guest services.

I authorize RMHC OKC Guest Services staff to communicate with my child's healthcare team regarding matters related to our eligibility for lodging and continued stay.

Acknowledgment

I understand that Ronald McDonald House Charities Oklahoma City is **not** a healthcare provider or treatment facility and does not maintain medical records. Information received will be used solely to determine eligibility, coordinate accommodations, ensure the safety and well-being of guests, and support my family's stay.

I understand that I may revoke this authorization at any time by providing written notice to **Ronald McDonald House Charities Oklahoma City**. **However, because RMHC OKC requires ongoing communication with my child's healthcare team to verify eligibility for lodging, revoking this authorization will make my family ineligible to remain at or receive lodging services from RMHC Oklahoma City.** Revocation does not affect information previously released or relied upon prior to the date of revocation.

This authorization will remain in effect until the earlier of **one (1) year from the date signed**, the conclusion of the patient's treatment requiring RMHC OKC lodging, or until revoked in writing by the undersigned.

Signature

Parent/Legal Guardian (or Patient if age 18 or older)

Printed Name: _____

Signature: _____

Relationship to Patient: _____

Date: _____

For Social Worker or Medical Provider

Please provide any requested verification related to the patient's medical care and anticipated treatment dates and return this completed authorization to:

Ronald McDonald House Charities Oklahoma City
Guest Services Department

Email: release@rmhc-okc.org

RMHC OKC Guest Services may contact your office if additional information is needed to verify the patient's eligibility for lodging or continued stay.