

**OKLAHOMA DEPARTMENT OF CORRECTIONS
AFFIDAVIT OF FINANCIAL RESPONSIBILITY FOR
MEDICAL, MENTAL HEALTH, DENTAL and/or VISION CARE**

I, _____, being of sound mind and legal age, agree to take full financial responsibility for my (initial all that apply):

_____ Medical

_____ Mental Health

_____ Dental

_____ Vision Care

that arises out of my decision to obtain treatment from non-Oklahoma Department of Corrections providers for the above.

I understand that the Oklahoma Department of Corrections (ODOC) is responsible for my medical care while I am incarcerated. Mindful of the responsibilities of ODOC, I nonetheless elect to obtain medical care from an outside provider.

Wherefore, I hereby do, **RELEASE AND HOLD HARMLESS** the ODOC, its agents and employees and representatives, from any and all liability, claims, demands or causes of action that I may have or which may hereafter accrue for injuries, damages or liability arising out of my decision to obtain medical care through an outside provider(s). I also agree to **INDEMNIFY AND HOLD HARMLESS** the ODOC, its agents and employees from all claims, judgments and costs, including attorney's fees, incurred in connection with any action brought as a result of any and all diagnoses and treatment provided by outsider providers I have chosen to use.

Inmate Name (print): _____ ODOC #: _____

Inmate Signature: _____ Date: _____

Subscribed and sworn to me this _____ day of _____, 20____.

Notary Public

Commission Number: _____

My commission expires: _____