

McLaren Print System Order

Order No: 21034 Reprint Previous Order No: 20687
Order Date: 2016-08-15
User: Lauree Hoag
Phone: 989-956-3170

Ship Location: McLaren Central Michigan/Pickard Street/Atten: Lauree Hoag
4641 E. Pickard Street
Mt. Pleasant, MI 48858,

Forms

Quantity: 100
Paragon Dept No: 75315
Dept Name: McLaren Medical Group
Company Number: 810

Order Total Price: 0.00

Item Number: 17418-L
Item Description: Authorization to Release Information (this is a corporate wide form c/o Medical Records)
Revision Date: 7/2016
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: THIS FORM IS FOR USE BY LAPEER OCC HEALTH ONLY

McLAREN HEALTHCARE
Authorization to Release Information

Patient Name _____ Birthdate _____ Medical Record Number _____

Address _____

Phone Number _____ Medical/Other Service _____

I authorize: **McLaren Occupational Health**
4200 North Main Street
Lapeer, MI 49650
989-957-3600 / 989-957-3600 fax

To release to: _____
Name _____
Address _____
City, State, Zip _____
Relationship _____
Email address _____

Specific type of information to be disclosed: _____ Date(s) of Service: _____

History and Physical Operative Report Physician's Notes
 Consultation/Rx reports Therapy Notes Discharge Summary
 Laboratory Results Billing Records Home Care Records
 Diagnostic Imaging (e.g., X-Rays, Mammography, Ultrasound)
 Diagnostic Imaging (e.g., X-Rays, MRA, MRSA, etc.)
 Other _____

Sensitive information to be disclosed: _____ Date(s) of Service: _____

Behavioral and Mental Health Service Information (including Psychotherapy Notes)
 Pathologic and treatment for alcohol and substance use disorder
 Communicable Diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV infection, Acquired Immune Deficiency Syndrome or AIDS-Related Complex)

Consent to release **Entire Medical Record**, for dates of service listed, including all information noted above.

Date(s) of Service: _____
Start Date _____ End Date _____

Please continue to the other side of this form for Acknowledgements and signatures.



