

McLaren Print System Order

Order No: 42941 Reprint Previous Order No: 6293
Order Date: 2019-02-18
User: Laura Atsoff
Phone: 586-790-9003

Ship Location: McLaren Macomb Family First
36500 Gratiot, Suite 202
Clinton Twp , MI 48035

Forms

Quantity: 2500
Paragon Dept No: 60320
Dept Name: McLaren Macomb Family First
Company Number: 260

Order Total Price: 113.00

Item Number: 17418
Item Description: Authorization to Release Information (this is a corporate wide form c/o Medical Records)
Revision Date: 4/28/2015
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: 2 Hole Top
Misc Info:

McLAREN HEALTHCARE
Authorization to Release Information

Patient Name _____ Ethnicity _____ Medical Record Number _____
Address _____
Phone Number _____ Insurance/Other Payers _____

I authorize _____ to release to _____
(Name) (Name)
(Address) (Address)
(City, State, Zip) (City, State, Zip)
(Telephone/Fax) (Telephone/Fax)
(E-mail address) (E-mail address)

Specific type of information to be disclosed: _____ **Date(s) of Service:** _____
 History and Physical Operative Report Physician's Notes
 Consultation Reports Therapy Notes Discharge Summary
 Laboratory Results Billing Records Home Care Records
 Diagnostic Imaging (e.g., X-Ray reports from (date) _____
 Diagnostic Imaging (e.g., X-Ray reports from (date) _____
 Other _____

Sensitive information to be disclosed: _____ **Date(s) of Service:** _____
 Behavioral and Mental Health Service Information (including Psychotherapy Notes)
 Substance abuse treatment for alcohol and substance use disorder
 Communicable diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS), and/or Cryptococcosis

Consent to release **Entire Medical Record**, for dates of service listed, including all information noted above.
Date(s) of Service: _____
_____ Date

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