

Business Products

McLaren Print System Order

Order No: 46178 Reprint Previous Order No: 26288

Order Date: 2019-06-13 **User: Katie Jacobs** Phone: 9898263271

Ship Location: Main Street Family Practice-JILL UHOUSE

117 S Burgess Street

West Branch, Michigan 48661

Forms Quantity: 500

Paragon Dept No: 69990 Dept Name: McLaren **Company Number: 810**

Order Total Price: 0.00

Item Number: MM-336

Item Description: Authorization to Release Information to Family/Friend

Revision Date: 3/2019

Print: 1 sided black and white

Paper: 20# White Text

Size: 8.5 x 11 Fold:

Finish: None **Drill: None** Misc Info:



Authorization for Verbal Release of Information to Family	Members and Friends
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By signing this form, I am authorizing my health care providers to be involved in **settled** discussions regarding my health care with the family members or friends listed below. This may include test results, diagnoses, treatment options and other information from previous visits or treatment,

NAME OF SAMULTHERD	PHONE NUMBER	RELATIONSHIP (FAMILY)TRENE)

The following information has special protection under Michigan law and will be made available to the people for listed elever only if i indicate my approval by initialing the lines below:

____HNUMOS or after communicable diseases including sexually transmitted diseases, venereal diseases, tubercolonic and legistric.

NOTE: This form does NOT give the people listed above the right to access or receive a copy of my medical records or medical information. It is not a consent for treatment. It is not to be used to request restrictions on the sharing of my information.

I understand that I can revoke or cancel this form at any time in writing. This form does not require unless revoked. I understand that any disclosure to an individual made from this authorization carries with it the patential for that individual to share the information and that once a disclosure in made risks authorization is no closure protected by federal and state confidentially laws. I understand that my treatment, payment, enrollment or eligibility for benefits is not conditioned on my signing this authorization.

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