

Business Products

McLaren Print System Order

Order No: 47695 Reprint Previous Order No: 26288

Order Date: 2019-08-13 **User: Carrie Stephan** Phone: 9898946916

Ship Location: Bay Heart and Vascular/Attn: Carrie Stephan

1900 Columbus Ave, South Tower 4th Floor

Bay City , MI 48708

Forms

Quantity: 2500

Paragon Dept No: 69430

Dept Name: Bay Heart and Vascular

Company Number: 810

Order Total Price: 75.50

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

Patient Name	Date of Birth
By signing this form, I am authorizing my health care providers to be my health care with the family members or friends listed below. This treatment options and other information from previous shifts or treat	may include test results, diagnoses,

NAME OF TAMIC (TREND	PHONE NUMBER	RELATIONSHIP (FAMILY)/TRENES

The following information has special protection under Michigen 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 disease, tubercolonis and hapatitis.

NOTE: This form does NOT give the people listed above the right to assess or receive a copy of my medical resords 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 is writing. This form does not require unless revoked. I understand that any disclosure to an individual made from this authorization carries with it the potential for that individual to their the information and that since a disclosure is made reliable understand that the potential for that individual to their their information and that conformation in one open promoted by federal and state conformation formation that my treatment, payment, enrutiment or eligibility for brenefits is not conditioned on my signing this authorization.

Signature of	Physicist or P	atient's Legal	i Representat	ive
discount to	tome of Pytie	ont's based the	annest et le	