

McLaren Print System Order

Order No: 48098
Order Date: 2019-08-28
User: Denise Maginity
Phone: 810-342-5470

Ship Location: BARIATRIC & METABOLIC INSTITUTE/BEECH HILL CENTRE
G-3200 Beecher Road, MBI
Flint, MI 48532

Forms

Quantity: 100
Paragon Dept No: 36810
Dept Name: BARIATRIC & METABOLIC INSTITUTE
Company Number: 60

Order Total Price: 4.98

Item Number: 17418-MK
Item Description: Authorization_for_Release_of_Information (Dr Kia)
Revision Date: 5/2019
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: 5 Hole Top
Misc Info: ds; black & white

McLAREN HEALTHCARE
Authorization to Release Information

Patient Name: _____ Address: _____ Medical Record Number: _____

Address: _____

Phone Number: _____ Extension/Other Number: _____

I authorize: **McLaren Bariatric & Metabolic Institute** to release to: **Michael Kia, DO**
 c/o: **McLaren Bariatric & Metabolic Institute**

Address: **G-3200 Beecher Rd, Ste MBI** Flint, MI 48532
 Phone: **810-342-5470 / T: 810-342-5788**

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Specific type of information to be disclosed:
 History and Physical Operative Report Physician's Notes
 Consultation & specialty Therapy Notes Discharge Summary
 Laboratory Results Billing Records Health Care Records
 Diagnostic Imaging (e.g., X-Rays, reports from lab)
 Diagnostic Imaging (e.g., MRI, CT, PET, Scan, Ultrasound)
 Other: _____

Date(s) of Service: _____ 1 year from signature date.

Sensitive information to be disclosed:
 Behavioral and Mental Health Service Information (including Psychotherapy Notes)
 Referrals 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: _____

Spec Info: Please refer to the other side of this form for Acknowledgements and signatures.


