

Business Products

McLaren Print System Order

Order No: 50428 Reprint Previous Order No: 26288

Order Date: 2019-11-20 **User: Shantell Moore** Phone: 231-679-3915

Ship Location: Gladwin Family Medicine

2137 West M-61, Gladwin, MI 48624

Forms

Quantity: 500

Paragon Dept No: 56006

Dept Name: Gladwin Family Medicine

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 Famil | y 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 SAMICS/TRENO | PHONE NUMBER | RELATIONSHIP (FAMILITERES) | |
|----------------------|--------------|-------------------------------|--|
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The following information has special protection under Michigan law and will be made available to the people five lands above only if indicate my approval by initialing the lines below:

_______MN/MDF or other communicable diseases including sexually transmitted diseases, venereal diseases, toleroclaims and hopetitis.

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 their and other than understand that one and other than the understand that my treatment, payment, enrutiment or eligibility for brenefits is not conditioned on my signing this authorization.

| Signatu | ne of hyde | ent or Park | ent's Lega | i fepresent | stive |
|---------|------------|-------------|------------|-------------|-------|
| Pour | and Mantan | of Patient | topped the | gresentativ | |