

Business Products

McLaren Print System Order

Order No: 50555 Reprint Previous Order No: 26288

Order Date: 2019-11-25 **User: Joshua Cobbett** Phone: 586-233-5554

Ship Location: Romeo Plank Family Medicine

46401 Romeo Plank, Suite 4

Macomb, MI 48044

Forms Quantity: 100

Paragon Dept No: 52033

Dept Name: Romeo Plank 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
--	-----------------------

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,

PHONE NUMBER	RELATIONSHIP (FAMILY)TRENE)
-	
	PHONE NUMBER

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:

—HN/MOS or after communicable diseases including sexually transmitted diseases, venereal diseases, tolerocitatis and toportios.

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 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 cancel and that conformation is no longer protected by federal and state conformation in. I understand that my treatment, payment, enrutiment or eligibility for brenefits is not conditioned on my signing this authorization.

Signature of Pytio	it or Patient'	Legal Repre	within
Printed Name o	el frationelli, Lo	ed Benomen	torius.