

Business Products

McLaren Print System Order

Order No: 52414 Reprint Previous Order No: 26288

Order Date: 2020-02-06 **User: Danielle Cahoon** Phone: 810-688-3093

Ship Location: Mclaren Family Care Center/Danielle Cahoon

4482 Huron Street North Branch, MI 48461

Forms

Quantity: 1000

Paragon Dept No: 65250

Dept Name: Mclaren Family Care Center-North Branch

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 TAMICS TREND	PHONE NUMBER	RELATIONSHIP (FAMILY,TREND)	

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 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	Pythore or Patie	ent's Legal I	Representative
Printed N	ame of Patient	Lingui Bay	omentative