

## **Business Products**

## **McLaren Print System Order**

Order No: 52652 Reprint Previous Order No: 26288

Order Date: 2020-02-17 **User: MELINDA RESCHKE** 

Phone: 2486823070

Ship Location: McLaren Oakland Waterford Family Medicine

3901 Highland Rd., Suite D

Waterford, MI 48328

**Forms** 

Quantity: 500

Paragon Dept No: 73650

Dept Name: McLaren Oakland Waterford 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	r Werthal Release	of information to E	amily Members	and Friends

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

NAME OF SAMICS/FREND	PHONE NUMBER	RELATIONSHIP (FAMILY,/TRENE)

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 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 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.

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Signati	une of Pythere or P	street, a treffer.	pathaseurones

Printed Name of Fatient's Legal Representative