

Business Products

McLaren Print System Order

Order No: 53082 Reprint Previous Order No: 26288

Order Date: 2020-03-02 **User: Cheryl Weaver** Phone: 5179134043

Ship Location: MGL Grand Ledge Family Practice

935 Charlevoix Drive Suite 200

Grand Ledge, MI 48837

Forms

Quantity: 1000

Paragon Dept No: 68275

Dept Name: Mclaren Greater Lansing Grand Ledge Family Practice

Company Number: 54506

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 Fa	mily Members	and Friends

Oute of Birth By signing this form, I am authorizing my health care providers to be involved in **seebal** 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 SAMILITRIONS	PHONE NUMBER	RELATIONSHIP (FAMIL/LITRIENE)

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.