

McLaren Print System Order

Order No: 53314
Order Date: 2020-03-13
User: Theda Simmonds
Phone: 989-393-2857

Ship Location: McLaren Occupational and Convenient Care - Bay City
4 Columbus Ave
Bay City, MI. 48708,

Forms
Quantity: 1000
Paragon Dept No: 69100
Dept Name: Occupational Convenient Care
Company Number: 210

Order Total Price: 0.00

Item Number: 17418
Item Description: Authorization to Release Information (this is a corporate wide form c/o Medical Records)
Revision Date: 5/2013
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Health Care Corporation
Authorization to Release Information
Patient Name, Date of Birth, Medical Record Number, Address, Telephone Number, Patient/Other Name, I authorize, To be released to, Specific type of information to be disclosed, Category of Service, The purpose and need for disclosure, I understand that unless otherwise indicated... I understand that any disclosure of information carries with it the potential for re-disclosure... I understand that I have a right to revoke this authorization... I understand that I need not sign this form in order to ensure treatment, payment for treatment, or enrollment or eligibility for health benefits.

Spec Info:

Signature of Patient or Legal Representative, Date, Signature of Physician, Date, AUTHORIZATION TO RELEASE HEALTH INFORMATION, 8432