

Business Products

McLaren Print System Order

Order No: 53490 Reprint Previous Order No: 26288

Order Date: 2020-03-25 **User: TINA PLAUTZ** Phone: 248-674-2259

Ship Location: MCLREN OAKLAND WATERFORD MEDICAL ASSOCIATES

5210 Highland Rd, Suite 201 WATERFORD, MI 48327

Forms

Quantity: 500

Paragon Dept No: 73000

Dept Name: Waterford Medical Associates

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 Family 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 blood below. This may include test results, diagnoses, treatment spitchs, and other information from provious oxids or treatment.

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 five lands above only if indicate my approval by initialing the lines below:

_______MN/MDF or other communicable diseases including sexually transmitted diseases, venereal diseases, tolerocianis and hopetitis.

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 other than understand that one and other than the understand that my treatment, payment, enrutiment or eligibility for brenefits is not conditioned on my signing this authorization.