

McLaren Print System Order

Order No: 56273 Reprint Previous Order No: 6293
Order Date: 2020-08-24
User: Dawn Caspers
Phone: 248-674-0388

Ship Location: Attn Dawn Caspers
4000 Highland Rd Suite 114
Waterford , MI 48328

Forms

Quantity: 1000
Paragon Dept No: 52526
Dept Name: McLaren Oakland Waterford Primary
Company Number: 810

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: 4/28/2015
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLAREN HEALTHCARE
Authorization to Release Information

Patient Name _____ Ethnicity _____ Medical Record Number _____
Address _____
Phone Number _____ Insurance/Other Payers _____

I authorize _____ to release to _____
(Name) (Name)
(Address) (Address)
(City, State, Zip) (City, State, Zip)
(Telephone/Fax) (Telephone/Fax)
(Home Address) (Home Address)

Specific type of information to be disclosed: _____ **Date(s) of Service:** _____
 History and Physical Operative Report Physician's Notes
 Consultation Reports Therapy Notes Discharge Summary
 Laboratory Results Billing Records Home Care Records
 Diagnostic Imaging (e.g., X-Ray reports from (date) _____
 Diagnostic Imaging (e.g., X-Ray reports from (date) _____
 Other _____

Sensitive information to be disclosed: _____ **Date(s) of Service:** _____
 Behavioral and Mental Health Service Information (including Psychotherapy Notes)
 Substance abuse/alcohol and substance use disorder
 Communicable diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV infection, Acquired Immune Deficiency Syndrome or AIDS-Related Complex)

Consent to release **Entire Medical Record**, for dates of service listed, including all information noted above.
Date(s) of Service: _____
start date _____ end date _____

Please continue to the other side of this form for Acknowledgements and signatures.