

McLaren Print System Order

Order No: 56721 Reprint Previous Order No: 6293
Order Date: 2020-09-10
User: Cynthia Jones
Phone: 586-747-6718

Ship Location: McLaren Macomb Hampton Medical
30550 Utica
Roseville, MI 48066

Forms

Quantity: 100
Paragon Dept No: 72750
Dept Name: McLaren Medical Group
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)
_____ (Email Address) _____ (Email 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 DRG) _____
 Diagnostic Imaging (e.g., X-Ray films from DRG) _____
 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: _____
_____ State _____ Date

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