

## **Business Products**

## McLaren Print System Order

Order No: 61097 Reprint Previous Order No: 26288

Order Date: 2021-03-18 User: amber jones Phone: 586-286-4880

Ship Location: Mclaren Womens Health- Attn; Amber

37400 garfield st 200

Clinton Township, mi 48036

**Forms** 

Quantity: 2500

Paragon Dept No: 72100

Dept Name: womens health clinton

Company Number: 810

**Order Total Price: 75.50** 

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:



HEALTH CARE

	Authorization	for Verbal Re	lease of Infor	mation to Fi	amily Men	obers and Fr	iend
--	---------------	---------------	----------------	--------------	-----------	--------------	------

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 listed below. This may include test results, diagnoses, treatment options and other information from previous visits or treatment,

NAME OF TAMILITY THEND	PHONE NUMBER	RELATIONSHIP (FAMIL/LYRICHE)

The following information has special protection under Michigan law and will be made available to the people for listed elever only if i indicate may approved by initialing the lines below:

—HN/MOS or after communicable diseases including sexually transmitted diseases, venereal diseases, toleroclassis and topositios.

NOTE: This form does NOT give the people listed above the right to assess 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 in writing. This form does not require unless revoked. I understand that are disclosure to an individual made from this authorization carries with it the potential for that individual to their the information and that once a disclosure in made reliable understand that their and once the individual to their thin authorization it is no longer protected by federal and state confidentially less. I understand that my treatment, payment, enrutiment or eligibility for brenefits is not conditioned on my signing this authorization.

Signature of	Pytient or Patie	ert's Legal N	quesención	
Printed No	ame of Pythers	Lingui Bago	mentative	