McLaren Business Products

McLaren Print System Order

Order No: 61617 Reprint Previous Order No: 59041
Order Date: 2021-04-08
User: Jensen Booms
Phone: 9896725110

Ship Location: McLaren Caro - HIM ATTN: Jensen
401 N. Hooper St.
Caro, MI 48726
Forms
Quantity: 500
Paragon Dept No: 14760
Dept Name: HIM
Company Number: 510

Order Total Price: 0.00

Item Number: MR-7
Item Description: Auth to Release Info
Revision Date: 10/2020
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: DS; BLACK; BOND

McLaren
CARO REGION

AUTHORIZATION TO RELEASE INFORMATION

Patient Name | Birth Date | Medical Record Number

Address | City | State | Zip

Phone Number | Maiden/Other Names

I authorize | to release to

(name) | (name)

(address) | (address)

City, state, zip | City, state, zip

(telephone/fax) | (telephone/fax)

(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 (eg: X-Rays) reports from (date) _____
☐ Diagnostic Imaging (eg: X-Rays) films from (date) _____
☐ Other _____

☐ **Portal Access (patient email address):** _____
email address

Sensitive information to be disclosed: Date(s) of Service: _____

☐ Behavioral and Mental Health Service Information (excluding Psychotherapy Notes)
☐ Referrals and treatment for 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: _____ _____
initials | Date

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

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