

McLaren Print System Order

Order No: 62965 Reprint Previous Order No: 26288 Order Date: 2021-06-11 **User: Cheryl Weaver** Phone: 517-913-4043

Ship Location: MGL Grand Ledge Family Practice 935 Charlevoix Drive Suite 200 Grand Ledge, MI 48837 Forms

Quantity: 500 Paragon Dept No: 68275 Dept Name: Mclaren Greater Lansing Grand Ledge Family Practice Company Number: 54506

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:

Date of Birth

McLaren

HEALTH CARE

Patient Name

Authorization for Verbal Release of Information to Family Members and Friends

By signing this form, Lam authorizing my health care providers to be involved in **seeded** discussions, regarding, my health care with the family members or friends listed below. This may include test results, diagnoses, treatment splits, and other information from previous solito or instanteest,

NAME OF NAME OF TRANSPORT	PHONE NUMBER	REATIONSHIP (IAMI/UTREND)

- Substance abuse services Mental health services

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 records or medical information the sharing of my information.

I understand that I can revolve or cancel this form at any time in writing. This form does not expire unless revolved. I understand that any disclosure to an individual made from this authorization carries with it the patential for that individual is share the information and that since a disclosure is made under this authorization is no longer protected by folders and state confidentially least. Understand that my insufment, payment, envalument or eligibility for benefits is not conditioned on my signing this authorization.

Signature of Patient or Patient's Legal Representative form

Printed Name of Patient's Logal Representative

The in-Patient's Medical Record