

McLaren Print System Order

Order No: 8852 Order Date: 2015-02-09 User: Judy Fago Phone: 586-493-3610

Ship Location: Judy Fago 36500 Gratiot, Suite 101 Clinton Township, MI 48036

Forms Quantity: 1000 Paragon Dept No: 60330 Dept Name: Multi-Specialty Resident Clinic Company Number: 260

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: 5/2013 Print: Paper: Size: Fold: Finish: Drill: Misc Info:

100.00	 -	-046	409	1.000	riboai.	



Landonizand that unless otherwise indicated or specified here, a request for dividuours or release of "bill" or "any" medical example or heads information may include information regarding grid or about relationation, social service exacts, social and the service and information regarding services sometaxiable for theories and informations as defined by the Wichgan Degetment of Public Instant (color, which includes service) desares and information as defined by the Wichgan Degetment of Public Instant (color, which includes service) desares, toberculoes, acquired manuscriptionson, anderses (ASC) to theore immunolationses (VI).

Lundentand that any dedocure of information carries with 12the potential for re-dedocure and that once dedoced to the individual or organization identified above, the information may not be protected by federal confidentiality rules.

Londerstand that I have a right to revolve this authorization at any time by sending a written revolution to the organization's triff-Add/Houng Office: Londerstand that the revolution with not approximation that has already been sensed to revolve to the authorization. The authorization is in effect from one that the 1 day when that is are suppret articles dimension specified. Upon combuous of that they period. Not authorization is authorization is authorization in a effect advisors of its authorization's period.

Indexiand that I need not sign this form in order to aroune treatment; payment for treatment; or enrolment or eligibility to health baseline.

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Spann / West

AUTHORIZATION TO RELEASE HEALTH INFORMATION

