

McLaren Print System Order

Order No: 45985
Order Date: 2019-06-04
User: Betty Conley
Phone: 810-342-5519

Ship Location: Specialty Services/Beech Hill Center
G-3200 Beecher Rd, Suite O2
Flint, MI 48532

Forms

Quantity: 100
Paragon Dept No: 91900
Dept Name: Specialty Services/ Beech Hill Center
Company Number: 60

Order Total Price: 7.00

Item Number: 17418-WC
Item Description: Authorization_for_Release_of_Information (Wound Care)
Revision Date: 5/2019
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: 3 Hole Side
Misc Info: ds; black & white

McLAREN HEALTHCARE
Authorization to Release Information

Patient Name: _____ Address: _____ Medical Record Number: _____

Address: _____

Phone Number: _____ Extension/Other Number: _____

I authorize: McLaren Wound Care To release to: _____

Address: _____
City: _____
State: _____
Zip: _____

City: _____
State: _____
Zip: _____

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

History and Physical Operative Report Physician's Notes
 Consultation & Specialty Therapy Notes Discharge Summary
 Laboratory Results Billing Records Home Care Records
 Diagnostic Imaging (e.g., X-Rays, reports from lab) _____
 Diagnostic Imaging (e.g., MRI, CT, PET, Scan, Ultrasound) _____
 Other: _____

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

Behavioral and Mental Health Service Information (including 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 _____

Spec Info: Please refer to the otherside of this form for Acknowledgements and signatures.


