

McLaren Print System Order

Order No: 49572 Reprint Previous Order No: 20687
Order Date: 2019-10-18
User: Shannon Pierce
Phone: 810-667-7040

Ship Location: Lapeer Occupational Health
1254 N Main St
Lapeer, MI 48446

Forms

Quantity: 500
Paragon Dept No: 65100
Dept Name: Lapeer Occupational and Convenient Care
Company Number: 810

Order Total Price: 0.00

Item Number: 17418-L (LAPEER FORM)
Item Description: Authorization to Release Information (this is a corporate wide form c/o Medical Records)
Revision Date: 7/2016
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: THIS FORM IS FOR USE BY LAPEER OCC HEALTH ONLY

McLAREN HEALTHCARE
Authorization to Release Information

Patient Name: _____ Date of Birth: _____ Medical Record Number: _____

Address: _____

Phone Number: _____ Medical/Other Service: _____

I authorize: **McLaren Occupational Health**
1254 North Main Street
Lapeer, MI 48446
810-667-7040 / 810-667-7040 fax

To release to: _____
Name: _____
Address: _____
City, State, ZIP: _____
Telephone/Fax: _____
E-mail address: _____

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

History and Physical Operative Report Physician's Notes
 Consultation/Rx reports Therapy Notes Discharge Summary
 Laboratory Results Billing Records Home Care Records
 Diagnostic Imaging (e.g., X-RAY, MRI, Ultrasound, etc.) _____
 Diagnostic Imaging (e.g., X-RAY, MRI, etc.) (See form attached) _____
 Other: _____

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

Behavioral and Mental Health Service Information (including Psychotherapy Notes)
 Patients 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.



