

McLaren Print System Order

Order No: 8626 Reprint Previous Order No: 6300
Order Date: 2015-01-30
User: Denise Turner
Phone: 810 342-1711

Ship Location: Denise Turner
1314 S. Linden Rd., Suite B
Flint, MI 48532

Forms
Quantity: 1000
Paragon Dept No: 63550
Dept Name: McLaren-Flint Community Medical Center
Company Number: 810

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: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Health-Care Corporation
Authorization to Release Information
Patient Name, Date of Birth, Medical Record Number, Address, Telephone Number, Patient/Other Name, I authorize, To Release to, Specific type of information to be disclosed, Category of Service, The purpose and need for disclosure, I understand that unless otherwise indicated... I understand that any disclosure of information carries with it the potential for re-disclosure... I understand that I have a right to revoke this authorization... I understand that I need not sign this form in order to ensure treatment, payment for treatment, or enrollment or eligibility for health benefits.