

McLaren Print System Order

Order No: 73068
Order Date: 2022-10-19
User: Deb House
Phone: 989-672-5101

Ship Location: McLaren Caro Attn Deb House, Imaging
401 North Hooper Street
Caro, MI 48723

Forms

Quantity: 100
Paragon Dept No: 27250
Dept Name: medical imaging
Company Number: 510

Order Total Price: 0.00

Item Number: MR-7
Item Description: Auth to Release Info
Revision Date: 10/2020
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: DS; BLACK; BOND



CARD REGION

AUTHORIZATION TO RELEASE INFORMATION

Circle #

Patient Name _____ Birth Date _____ Medical Record Number _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Home/Other Number _____

I authorize _____ to release to _____

Name _____ Name _____

Address _____ Address _____

City, state, zip _____ City, state, zip _____

Telephone/Fax _____ Telephone/Fax _____

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

- History and Physical
- Operative Report
- Physician's Notes
- Consultation Reports
- Therapy Notes
- Discharge Summary
- Laboratory Results
- Billing Records
- Home Care Records
- Diagnostic Imaging (eg. X-Ray) Reports from (date) _____
- Diagnostic Imaging (eg. X-Ray) Films from (date) _____
- Other _____

Partial Access (includes email address) _____ email address _____

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

- Extended and Mental Health Service information (including psychotherapy notes)
- Extended 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 (AIDS) (Complex)

Consent to release Entire Medical Record, for dates of service listed, including all information noted above

Date(s) of Service: _____ from _____ to _____ Date _____

Please continue to the other side of this form for Acknowledgements and Signatures.