

McLaren Print System Order

Order No: 73977
Order Date: 2022-12-03
User: Jodi Peterman
Phone: 3422133

Ship Location: Jodi Peterman - McLaren Flint MRI Ballenger
750 S Ballenger Hwy
Flint, MI 48532

Forms
Quantity: 1000
Paragon Dept No: 32113
Dept Name: McLaren Flint MRI Ballenger
Company Number: 60

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: 4/28/2015
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Poster:
Misc Info:

McLAREN HEALTHCARE
Authorization to Release Information

Patient Name _____ Service _____ Medical Record Number _____
Address _____
Phone Number _____ Resident/Other Name(s) _____

I authorize _____ to release to _____
(patient) (agent) _____
(address) (address) _____
(City, State, Zip) (City, State, Zip) _____
(Telephone/Fax) (Telephone/Fax) _____
(Other address) _____

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

<input type="checkbox"/> History and Physical	<input type="checkbox"/> Operative Report	<input type="checkbox"/> Physician's Notes
<input type="checkbox"/> Consultation Reports	<input type="checkbox"/> Therapy Notes	<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Laboratory Results	<input type="checkbox"/> Billing Records	<input type="checkbox"/> Home Care Records
<input type="checkbox"/> Diagnostic Imaging (e.g., X-Ray) reports from (date) _____		
<input type="checkbox"/> Diagnostic Imaging (e.g., X-Ray) films from (date) _____		
<input type="checkbox"/> Other _____		

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

Behavioral and Mental Health Service Information (including Psychotherapy Notes)
 Federal and treatment for alcohol and substance use disorder
 Communicable diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV/AIDS), 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 continue to the other side of this form for Acknowledgements and signatures.


