McLaren Business Products

McLaren Print System Order

Order No: 75008 Reprint Previous Order No: 59041
Order Date: 2023-01-31
User: Stephanie Lovejoy
Phone: 9896725110

Ship Location: Mclaren Caro ATTN Stephanie Lovejoy
401 Hooper St
Caro, mi 4873
Forms
Quantity: 500
Paragon Dept No: 14760
Dept Name: HIM
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
Misc Info: DS; BLACK; BOND

McLaren
CARO REGION

AUTHORIZATION TO RELEASE INFORMATION

Patient Name | Birth Date | Medical Record Number

Address | City | State | Zip

Phone Number | Maiden/Other Names

I authorize | to release to

(name) | (name)

(address) | (address)

City, state, zip | City, state, zip

(telephone/fax) | (telephone/fax)

(email address)

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

- ☐ History and Physical
- ☐ Consultation Reports
- ☐ Laboratory Results
- ☐ Operative Report
- ☐ Therapy Notes
- ☐ Billing Records
- ☐ Physician's Notes
- ☐ Discharge Summary
- ☐ Home Care Records
- ☐ Diagnostic Imaging (eg: X-Rays) reports from (date) _____
- ☐ Diagnostic Imaging (eg: X-Rays) films from (date) _____
- ☐ Other _____
- ☐ **Portal Access (provide email address):** _____ email address

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

- ☐ Behavioral and Mental Health Service Information (excluding 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

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

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