

## **Business Products**

## **McLaren Print System Order**

Order No: 77118 Reprint Previous Order No: 26288

Order Date: 2023-05-05 **User: Tonya Furtah** Phone: 8105618450

Ship Location: MMG-St. Clair Family Practice - Attn: Tonya

1163 St. Carney Drive St. Clair, MI 48079

**Forms** Quantity: 500

Paragon Dept No: 66000

Dept Name: MMG-St. Clair Family Practice

Company Number: 810

**Order Total Price: 0.00** 

Item Number: MM-336

Item Description: Authorization to Release Information to Family/Friend

Revision Date: 3/2019

Print: 1 sided black and white

Paper: 20# White Text

Size: 8.5 x 11

Fold: Finish: None **Drill: None** Misc Info:



HEALTH CARE

Authorization for Verbal Release of Information to Famil	y Members and Friends
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By signing this form, I am authorizing my health care provides to be involved in **settled** discussions regarding my health care with the family members or friends blood below. This may include test results, diagnoses, treatment spitchs, and other information from provious solds or treatment.

NAME OF TAMICS, TREND	PHONE NUMBER	RELATIONSHIP (FAMILYL/TRENE)

The following information has special protection under Michigan law and will be made available to the people five lands above only if indicate my approval by initialing the lines below:

\_\_\_\_\_\_\_MN/MDE or other communicable diseases including sexually transmitted diseases, venereal diseases, toleroclaims and hopotitis.

NOTE: This form does NOT give the people listed above the right to assess or receive a copy of my medical records or medical information. It is not a consent for treatment, it is not to be used to request restrictions on the sharing of my information.

I understand that I can revoke or cancel this form at any time in writing. This form does not require unless revoked. I understand that are disclosure to an individual made from this authorization carries with it the potential for that individual is there the information and that since a disclosure in made reliable understand produced by individual and state confidentially laws. I understand that my treatment, payment, enrufitment or eligibility for brenefits is not conditioned on my signing this authorization.