McLaren Business Products

**McLaren Print System Order**

**Order No: 78149 Reprint Previous Order No: 6293**
**Order Date: 2023-07-03**
**User: Kerry Zaske**
**Phone: 989-362-9551**

**Ship Location: McLaren Tawas Internal Medicine/ Attn. Kerry Zaske**
**312 W. M 55**
**Tawas City, MI 48763**
**Forms**
**Quantity: 100**
**Paragon Dept No: 69490**
**Dept Name: McLaren Tawas Internal Medicine**
**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: 4/28/2015**
**Print: 2 sided black and white**
**Paper: 20# White Text**
**Size: 8.5 x 11**
**Fold:**
**Finish:**
**Drill: None**
**Misc Info:**

McLAREN HEALTHCARE
Authorization to Release Information

Patient Name | Birthdate | Medical Record Number
Address
Phone Number | Maiden/Other Names

I authorize _____ (name) _____ (address) _____ (city, state, zip) _____ (telephone/fax) to release to _____ (name) _____ (address) _____ (city, state, zip) _____ (telephone/fax) _____ (email address)

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 (e.g., X-Rays) reports from (date) _____
☐ Diagnostic Imaging (e.g., X-Rays) films from (date) _____
☐ Other_____

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 otherside of this form for Acknowledgements and signatures.

AUTHORIZATION TO RELEASE INFORMATION
17418 Page 1 OF 2 Revised 04/2015

840