

McLaren Print System Order

Order No: 78150
Order Date: 2023-07-03
User: Nicca Murray
Phone: 517-525-0844

Ship Location: LN66 MSU Radiology Attn Jessica Jones
3220 Discovery Dr Suite 100
Lansing, MI 48910

Forms
Quantity: 500
Paragon Dept No: 14765
Dept Name: Nicca Murray
Company Number: 10

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, Address, Phone Number, Medical Record Number, Date of Birth, and other personal information fields.
I authorize _____ to release to _____
Specify type of information to be disclosed:
[] 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-Ray) reports from (date) _____
[] Diagnostic Imaging (e.g., X-Ray) films from (date) _____
[] Other _____
Date(s) of Service: _____
Sensitive information to be disclosed:
[] Behavioral and Mental Health Service Information (including Psychotherapy Notes)
[] Substance use 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 _____ Medical Records, 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.

