

McLaren Print System Order

Order No: 78355
Order Date: 2023-07-17
User: Debra Burley
Phone: 989-672-5156

Ship Location: McLaren Caro Region Registration
401 North Hooper Street Attention Debra
Caro , MI 48723

Forms
Quantity: 100
Paragon Dept No: 10500
Dept Name: MCR Registration
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
Poster:
Misc Info: DS; BLACK; BOND



AUTHORIZATION TO RELEASE INFORMATION

Circle #

Patient Name Birth Date Medical Record Number

Address City State Zip

Phone Number Home/Other Number

I authorize to release to

Name Name

Address Address

City, state, zip City, state, zip

Telephone/Fax Telephone/Fax

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 (eg. X-Ray) Reports from (date) _____
- Diagnostic Imaging (eg. X-Ray) films from (date) _____
- Other _____

Partial Access (includes email address) email address _____

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

- Alcohol and Mental Health Service information (including psychotherapy notes)
- Extended care 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 Circle Medical Record, for dates of service listed, including all information noted above:

Date(s) of Service: _____

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

Spec Info: