

McLaren Print System Order

Order No: 82614 Reprint Previous Order No: 20687
Order Date: 2024-01-25
User: Danielle Cahoon
Phone: 810-6883093

Ship Location: McLaren Brown City Family Medicine /Danielle Cahoon
7115 Cade Road
Brown City, MI 48416

Forms

Quantity: 500
Paragon Dept No: 505273
Dept Name: McLaren Brown City Healthcare Center
Company Number: 810

Order Total Price: 22.40

Item Number: 17418-L (LAPEER FORM)
Item Description: Authorization to Release Information (this is a corporate wide form c/o Medical Records)
Revision Date: 7/2016
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: THIS FORM IS FOR USE BY LAPEER OCC HEALTH ONLY

McLAREN HEALTHCARE
Authorization to Release Information

Patient Name _____ Date of Birth _____ Medical Record Number _____

Address _____

Phone Number _____ Medical/Other Service _____

I authorize: **McLaren Occupational Health**
1200 North Main Street
Lapeer, MI 49650
810-688-3093 810-688-3093 Fax

To release to: _____
Name _____
Address _____
City, State, Zip _____
Relationship _____
Email address _____

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

History and Physical Operative Report Physician's Notes
 Consultation/Rx reports Therapy Notes Discharge Summary
 Laboratory Results Billing Records Home Care Records
 Diagnostic Imaging (e.g., X-RAY, MRI, Ultrasound, etc.) _____
 Diagnostic Imaging (e.g., X-RAY, MRI, Ultrasound, etc.) _____
 Other _____

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

Behavioral and Mental Health Service Information (including Psychotherapy Notes)
 HIV/AIDS 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: _____
Start Date _____ End Date _____

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



