

McLaren Print System Order

Order No: 83346  
Order Date: 2024-02-21  
User: Denise Maginity  
Phone: 810-342-5463

Ship Location: BARIATRIC & METABOLIC INSTITUTE/BEECH HILL CENTRE  
G-3200 Beecher Road, MBI  
Flint, MI 48532

Forms  
Quantity: 100  
Paragon Dept No: 36810  
Dept Name: BARIATRIC & METABOLIC INSTITUTE  
Company Number: 60

Order Total Price: 4.98

Item Number: 17418-MK  
Item Description: Authorization\_for\_Release\_of\_Information (Dr Kia)  
Revision Date: 5/2019  
Print: 2 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: None  
Drill: 5 Hole Top  
Poster:  
Misc Info: ds; black & white

**McLAREN HEALTHCARE**  
Authorization to Release Information

\_\_\_\_\_  
Patient Name      Address      Medical Record Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number      Medical Order Number

I authorize **McLaren Bariatric & Metabolic Institute** to release to **Michael Kia, DO**  
McLaren Bariatric & Metabolic Institute      McLaren Bariatric & Metabolic Institute

<p>Address: <b>G-3200 Beecher Rd, Ste MBI</b>          City: <b>Flint, MI 48532</b>          City, State, ZIP: _____          p: <b>810-342-5475 / t: 810-342-5788</b>          Telephone Fax: _____</p>	<p>Address: <b>G-3200 Beecher Rd, Ste MBI</b>          City: <b>Flint, MI 48532</b>          City, State, ZIP: _____          p: <b>810-342-5475 / t: 810-342-5788</b>          Telephone/Fax: _____          Email address: _____</p>
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Specific type of information to be disclosed:      Date(s) of Service: \_\_\_\_\_  
1 year from signature date

History and Physical       Operative Report       Physician's Notes  
 Consultation/Rx orders       Therapy Notes       Discharge Summary  
 Laboratory Results       Billing Records       Patient Care Records  
 Diagnostic Imaging (e.g., X-Rays, reports from MRI)  
 Diagnostic Imaging (e.g., X-Rays, MR, PET, etc.)  
 Other: \_\_\_\_\_

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

Behavioral and Mental Health Service Information (including Psychotherapy Notes)  
 Referrals and treatment for alcohol and substance use disorder  
 Communicable Disease 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

Spec Info:

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