

McLaren Print System Order

Order No: 83803
Order Date: 2024-03-15
User: Jennifer Melcher
Phone: 989-779-5637

Ship Location: McLaren Central Michigan / Attn: Kandi P / X-Ray
1221 South Dr
Mt Pleasant, MI 48858

Forms

Quantity: 500
Paragon Dept No: 27250
Dept Name: Supply Chain Management
Company Number: 360

Order Total Price: 22.40

Item Number: 654-113
Item Description: Authorization to Release Information
Revision Date: 08/2015
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

McLAREN CENTRAL MICHIGAN
1221 SOUTH DRIVE, MT. PLEASANT, MI 48858

Authorization to Release Information

Form fields for Patient Name, Address, Phone Number, and authorization details.

Specific type of information to be disclosed: [checkbox] History and Physical [checkbox] Operative Report [checkbox] Physician's Notes [checkbox] Consultation Reports [checkbox] Therapy Notes [checkbox] Discharge Summary [checkbox] Laboratory Results [checkbox] Billing Records [checkbox] Home Care Records [checkbox] Diagnostic Imaging (e.g., X-Rays, reports from other) [checkbox] Diagnostic Imaging (e.g., X-Rays, film from other) [checkbox] Other

Sensitive information to be disclosed: [checkbox] Behavioral and Mental Health Service information (including Psychotherapy notes) [checkbox] Substance and treatment for alcohol and substance use disorder [checkbox] Communicable Diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV/AIDS), Acquired Immune Deficiency Syndrome or AIDS Related Complex

Spec Info:

[checkbox] 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 other side of this form for Acknowledgements and signatures.

