

McLaren Print System Order

Order No: 85784
Order Date: 2024-05-29
User: Jennifer Keeton
Phone: 810-385-6370

Ship Location:

Form
Quantity:
Paragon Dept No: 58014
Dept Name:
Company Number:

Order Total Price:

Item Number:
Item Description:
Revision Date:
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster:
Misc Info:



Authorization for Verbal Release of Information to Family Members and Friends

Patient Name _____ Date of Birth _____

By signing this form, I am authorizing my health care providers to be involved in **verbal** discussions regarding my health care with the family members or friends listed below. This may include test results, diagnoses, treatment options and other information from previous visits or treatment.

| NAME OF FAMILY/FRIEND | PHONE NUMBER | RELATIONSHIP (FAMILY/FRIEND) |
|-----------------------|--------------|------------------------------|
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The following information has special protection under Michigan law and will be made available to the people I've listed above only if I indicate my approval by initialing the lines below:

- _____ HIV/AIDS or other communicable diseases including sexually transmitted diseases, venereal disease, tuberculosis and hepatitis
- _____ Substance abuse services
- _____ Mental health services

NOTE: This form does NOT give the people listed above the right to access or receive a copy of my medical records or medical information. It is not a consent for treatment. It is not to be used to request restrictions on the sharing of my information.

I understand that I can revoke or cancel this form at any time in writing. This form does not expire unless revoked. I understand that any disclosure to an individual made from this authorization carries with it the authorization it is no longer protected by federal and state confidentiality laws. I understand that my treatment, payment, enrollment or eligibility for benefits is not conditioned on my signing this authorization.

Spec Info:

Signature of Patient or Patient's Legal Representative

Date

Printed Name of Patient's Legal Representative

File in Patient's Medical Record