

McLaren Print System Order

Order No: 87623
Order Date: 2024-08-28
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
 (Name) (Name)
 G-3200 Beecher Rd, Ste MBI G-3200 Beecher Rd, Ste MBI
 (Address) (Address)
 Flint, MI 48532 Flint, MI 48532
 (City, State, ZIP) (City, State, ZIP)
 p: 810-342-5475 / t: 810-342-5788 p: 810-342-5475 / t: 810-342-5788
 (Telephone/Fax) (Telephone/Fax)

Specific type of information to be disclosed: _____ 1 year from
 (Date(s) of Service) (signature date)

History and Physical Operative Report Physician's Notes
 Consultation & Specialty 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, Non-Stat) _____
 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.