

McLaren Print System Order

Order No: 87931
 Order Date: 2024-09-05
 User: Jodi Peterman
 Phone: 3422133

Ship Location: Jodi Peterman - McLaren Flint MRI Ballenger
 750 S Ballenger Hwy
 Flint, MI 48532

Forms
 Quantity: 2500
 Paragon Dept No: 32113
 Dept Name: McLaren Flint MRI Ballenger
 Company Number: 60

Order Total Price: 100.50

Item Number: 17418
 Item Description: Authorization to Release Information (this is a corporate wide form c/o Medical Records)
 Revision Date: 4/28/2015
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Poster:
 Misc Info:

McLAREN HEALTHCARE
Authorization to Release Information

Patient Name: _____ Service: _____ Medical Record Number: _____
 Address: _____
 Phone Number: _____ Resident/Other Name: _____

I authorize _____ to release to _____

(Name)	(Name)
(Address)	(Address)
(City/State/Zip)	(City/State/Zip)
(Telephone/Fax)	(Telephone/Fax)
	(Email Address)

Specify type of information to be disclosed: **Date(s) of Service:** _____
 History and Physical Operative Report Physician's Notes
 Consultation Reports Therapy Notes Discharge Summary
 Laboratory Results Billing Records Home Care Records
 Diagnostic Imaging (e.g., X-Ray) reports from (date) _____
 Diagnostic Imaging (e.g., X-Ray) films from (date) _____
 Other _____

Sensitive information to be disclosed: **Date(s) of Service:** _____
 Behavioral and Mental Health Service Information (including Psychotherapy Notes)
 Federal and treatment for alcohol and substance use disorder
 Communicable diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV/AIDS), 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.

