

McLaren Print System Order

Order No: 88806
Order Date: 2024-10-09
User: Kimberly Gonzales
Phone:

Ship Location: Dewitt Family Medicine
12805 Escanaba Dr Suite 1
Dewitt, MI 48820

Form
Quantity: 100
Paragon Dept No: 14765
Dept Name: LNA4 - Dewitt Family Medicine
Company Number:

Order Total Price: 4.48

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: _____ Work/Other Phone: _____

I authorize _____ to release to _____
(patient) (agent)
(address) (address)
(City, State, Zip) (City, State, Zip)
(Telephone/Fax) (Telephone/Fax)
(Other 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)
 Substance use 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: _____ Initial: _____ Date: _____

Spec Info:

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

