

## **McLaren Print System Order**

Order No: 88840

Order Date: 2024-10-09 **Order Request Date: User: Andrea Condit** Phone: 810-688-3093

**Ship Location: McLaren North Branch** 

4482 Huron St

North Branch, MI 48461

**Brochures** Quantity: 500

Paragon Dept No: 50511

Dept Name: McLaren Lapeer North Branch

**Company Number:** 

**Order Total Price: 16.75** 

Item Number: MM-336

Item Description: Authorization to Release Information to Family/Friend

Revision Date: 3/2019

Print: 1 sided black and white

Paper: 20# White Text

Size: 8.5 x 11 Fold: Finish: None **Drill: None** Poster: Misc Info:



Authorization for Verbal Release of Information to Family Members and Friends

Date of Birth By signing this form, I am authorizing my health care providers to be involved in **sected** 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 TAMIL STRENG	PHONE NUMBER	RELATIONSHIP (FAMILY, TREND)

The following information has special protection under Michigan law and will be made available to the people The familiar developing in the control of the contr

MOTE. This form does MOT 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 potential for that individual to there the information and that conce a disclosure is made unless this authorization is no longer protocod by federal and state confidentially lives. Londontand that my treatment, payment, enrullment or eligibility for benefits is not conditioned on my signing this authorization.

Signature of	Pytient or Patient's Legal Representative	
Printed No	ome of Pytient's Legal Representative	

File in Patient's Medical Record

## Spec Info: