

McLaren Print System Order

Order No: 91267
Order Date: 2025-01-07
Order Request Date:
User: STEPHANIE BENDER
Phone: 2314877200

Ship Location: McLaren Gaylord Family Practice
1320 M-32 East
Gaylord, MI 49735

Brochures
Quantity: 500
Paragon Dept No: 50684
Dept Name: McLaren Gaylord Family Practice
Company Number:

Order Total Price: 22.40

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 _____ Ethnicity _____ Medical Record Number _____
Address _____
Phone Number _____ Work/Other Phone _____

I authorize _____ to release to _____
Name _____ Name _____
Address _____ Address _____
City/State/Zip _____ City/State/Zip _____
Specialty/Ref _____ Specialty/Ref _____
Specialty/Ref _____ Special 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/Reports from (date) _____
 Other _____

Sensitive information to be disclosed: _____ Date(s) of Service: _____
 Behavioral and Mental Health Service Information (including Psychotherapy Notes)
 Forensic and treatment for alcohol and substance use disorder
 Communicable Diseases 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: _____ from _____ to _____

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

Spec Info: Original Poster Size