

McLaren Print System Order

Order No: 91356
Order Date: 2025-01-08
User: Jennifer Melcher
Phone: 989-779-5637

Ship Location: McLaren Central Michigan / Attn: Kandi P / X-Ray
1221 South Dr
Mt Pleasant, MI 48858

Form
Quantity: 500
Paragon Dept No: 27250
Dept Name: Supply Chain Management
Company Number:

Order Total Price: 22.40

Item Number: 654-113
Item Description: Authorization to Release Information
Revision Date: 08/2015
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: DS, Black

McLAREN CENTRAL MICHIGAN
1221 SOUTH DRIVE, MT. PLEASANT, MI 48858

Authorization to Release Information

Patient Name _____ Birthdate _____ Medical Record Number _____
Address _____
Phone Number _____ Work/Other Number _____
I authorize _____ to release to _____
(name) (name)
address address
city, state, zip city, state, zip
Telephone/Fax Telephone/Fax
email address

Specific 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-Rays, reports from others)
 Diagnostic Imaging (e.g., X-Rays, film from date) _____
 Other _____

Sensitive information to be disclosed: _____ Date(s) of Service: _____
 Behavioral and Mental Health Service information (including Psychotherapy notes)
 Substance and treatment for alcohol and substance use disorder

Spec Info: Original Poster Size

Consent to release Entire Medical Record for dates of service listed, including all information noted above.
Date(s) of Service: _____ Initials _____ Date _____

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

