

McLaren Print System Order

Order No: 91547
Order Date: 2025-01-15
User: Kim Church
Phone: 517-975-1500

Ship Location: MGL Wound & Hyperbaric Center Attn: Kim Church
3101 Discovery Dr #600
Lansing, MI 48910

Form
Quantity: 100
Paragon Dept No: 29600-2875
Dept Name: Wound & Hyperbaric Center
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 _____ Resident/Other Name(s) _____

I authorize _____ to release to _____
 (name) (name)
 (address) (address)
 (City, State, Zip) (City, State, Zip)
 (Telephone/Fax) (Telephone/Fax)
 (Other address) (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)
 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: _____ Release Date: _____

Spec Info: Original Poster Size

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


