

McLaren Print System Order

Order No: 42800 Reprint Previous Order No: 6293  
Order Date: 2019-02-11  
User: Katie Jacobs  
Phone: 9898263271

Ship Location: Standish Family Medicine-Tracey Anderson  
4489 M61 Suite 1  
Standish, Michigan 48658

Forms

Quantity: 500  
Paragon Dept No: 69800  
Dept Name: McLaren  
Company Number: 810

Order Total Price: 0.00

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  
Misc Info:

**McLAREN HEALTHCARE**  
**Authorization to Release Information**

Patient Name \_\_\_\_\_ Ethnicity \_\_\_\_\_ Medical Record Number \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Insurance/Other Payers \_\_\_\_\_

I authorize \_\_\_\_\_ to release to \_\_\_\_\_  
(Name) (Name)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (Address)  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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-Ray reports from (HMO) \_\_\_\_\_  
 Diagnostic Imaging (e.g., X-Ray reports from (Other) \_\_\_\_\_  
 Other \_\_\_\_\_

Sensitive information to be disclosed: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_  
 Behavioral and Mental Health Service Information (including Psychotherapy Notes)  
 Substance abuse/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: \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

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



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