McLaren Business Products

McLaren Print System Order

Order No: 45615 Reprint Previous Order No: 6293
Order Date: 2019-05-25
User: Alicia Mullett
Phone: 9893932850

Ship Location: MCLAREN OCCUPATIONAL HEALTH
4 Columbus Ave; suite 140
BAY CITY, MI 48708
Forms
Quantity: 500
Paragon Dept No: 65100
Dept Name:
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 | Birthdate | Medical Record Number

Address

Phone Number | Maiden/Other Names

I authorize _____ (name) to release to _____ (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
- ☐ Consultation Reports
- ☐ Laboratory Results
- ☐ Operative Report
- ☐ Therapy Notes
- ☐ Billing Records
- ☐ Physician's Notes
- ☐ Discharge Summary
- ☐ Home Care Records
- ☐ Diagnostic Imaging (e.g., X-Rays) reports from (date) _____
- ☐ Diagnostic Imaging (e.g., X-Rays) films from (date) _____
- ☐ Other_____

Sensitive information to be disclosed: Date(s) of Service: _____

- ☐ Behavioral and Mental Health Service Information (excluding Psychotherapy Notes)
- ☐ Referrals 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:_____ _____ Initials Date

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

AUTHORIZATION TO RELEASE INFORMATION
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