

McLaren Print System Order

Order No: 52868 Reprint Previous Order No: 6293
Order Date: 2020-02-26
User: Sheryl Weiler
Phone: 2489229975

Ship Location: McLaren Oakland Clarkston Internal Medicine
6507 TOWN CENTER DR SUITE A
CLARKSTON, Michigan 48346

Forms

Quantity: 500
Paragon Dept No: 73150
Dept Name: McLaren Oakland Clarkston Internal Medicine
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 _____ Identification Number _____

I authorize _____ to release to _____
(Name) (Name)
_____ (Address)
(Address) (City, State, Zip)
(City, State, Zip) (County/City)
(City/State/Zip) (Postal 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-Ray reports from (PAC))
 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 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: _____
_____ State _____ Date _____

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