

**McLaren Print System Order**

**Order No: 55839 Reprint Previous Order No: 5683**  
**Order Date: 2020-07-31**  
**User: Jennifer Keeton**  
**Phone: 8103856370**

**Ship Location: McLaren Fort Gratiot Internal Med**  
**5979 LAKESHORE RD**  
**FORT GRATIOT, Michigan 48059**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 58014**  
**Dept Name: McLaren Port Huron- Fort Gratiot Internal Med**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-1821**  
**Item Description: Release of Information Status Letter**  
**Revision Date: 9/2014**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info:**



RE: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Other names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Dates of service: \_\_\_\_\_

Your request was received by our facility \_\_\_\_\_ We need to inform you that your request cannot be processed for the following reason(s) checked:

- We can find no record on the above named patient. If you can provide further information, we will make another file search.
- Patient was not at this facility during the time period indicated in your request.
- The enclosed AUTHORIZATION TO RELEASE MEDICAL INFORMATION must be properly completed to release information.
- Authorization was not signed and/or dated.
- Authorization was not signed by the patient. If the patient is unable to sign, an "X" witnessed by two persons will suffice.
- Authorization does not name our facility as authorized to release, and/or it does not indicate to whom records are to be released.
- We have no signature comparison and/or there is a discrepancy in the signature compared to our records and therefore we require a notarized authorization.
- Patient is a minor. An authorization signed by the responsible parent or legal guardian is required.
- We require a copy of guardianship/custody/Power of Attorney/letter of authority papers prior to processing your request.
- Authorization is invalid since it was signed over 2 months ago.
- Authorization is invalid since it was dated prior to treatment.
- Authorization is invalid since the signature on the authorization is a copy with other information filed in as an original. Authorizations should be properly completed at the time the patient signs.

Other: \_\_\_\_\_  
\_\_\_\_\_

Upon receipt of the above, we will promptly respond to your request.

Respectfully,

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

MM-1821