McLaren Business Products

McLaren Print System Order

Order No: 63296
Order Date: 2021-06-29
User: colleen taraskavage
Phone: 810-658-6503

Ship Location: MMG Davison Community Medical Center
10090 E. Lippincott Blvd
Davison, Michigan 48423
Forms
Quantity: 500
Paragon Dept No: 50002
Dept Name: MMG Davison CMC
Company Number: 10

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) (address) (City, State, Zip) (telephone/fax)
to release to (name) (address) (City, State, Zip) (telephone/fax) (email 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-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)
☐ Rehab 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.

Spec Info:

AUTHORIZATION TO RELEASE INFORMATION
17418 Page 1 OF 2 Revised 04/2015
840