

McLaren Print System Order

Order No: 8852
Order Date: 2015-02-09
User: Judy Fago
Phone: 586-493-3610

Ship Location: Judy Fago
36500 Gratiot, Suite 101
Clinton Township, MI 48036

Forms
Quantity: 1000
Paragon Dept No: 60330
Dept Name: Multi-Specialty Resident Clinic
Company Number: 260

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: 5/2013
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info:

McLaren Health-Care Corporation
Authorization to Release Information
Patient Name, Date of Birth, Medical Record Number, Address, Telephone Number, Patient/Other Name, I authorize, To Release to, Specific type of information to be disclosed, Category of Service, The purpose and need for disclosure, I understand that unless otherwise indicated... I understand that any disclosure of information carries with it the potential for re-disclosure... I understand that I have a right to revoke this authorization... I understand that I need not sign this form in order to ensure treatment, payment for treatment, or enrollment or eligibility for health benefits.