

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

Patient:		Birthdate:/
SSN:		Phone number:
	State:	Zip code:
Release from: CMU Health Medical Records		Release to:
1000 Houghton Ave.		
Saginaw, MI 48602	000 746 7730	
Phone: 989-746-7500 Fax:	989-740-7729	
the recipient named above. drug abuse, and/or HIV/ AID	I understand that this may in S test results or diagnoses. T	contained in the patient records for the patient named above to include treatment for physical and mental illness, alcohol and/or This authorization does not include permission to release app notes requires a separate authorization.
Information to be released	(check one):	
Any and all records	Immunization record	ds Most recent pap smear Last office visit
Most recent lab tests	X-rays	Other
Purpose of disclosure (chec	k one):	
Transfer of care	Social Security benef	its Disability determination Workers compensation
Attorney use	Insurance application	Patient personal use Other
This authorization expires:	One year from the da	te signed -OR on/
filing a written request with information that is used or on longer protected by the f payment, enrollment or elig	CMU Medical Education Par lisclosed under this authoriz ederal privacy rule. I unders ibility for benefits. I understa	time, except to the extent the action has been taken thereon, by the Medical Records Department. I understand that my health ation may be re-disclosed by the recipient to another party and is tand this organization's ability or inability to condition treatment, and that I may inspect or copy the health information being for copying of my health information. I have read and understand
		Patient Legal representative* Date:/
Signature		/ /
Relationship to patient		egal representative birthdate
Driver's license#, State ID#,	or SS# \	Witness

*If other than the patient's signature, a copy of legal paperwork verifying the patient's personal representative MUST accompany the request (i.e. court appointed guardian, durable power of attorney for healthcare). Exception: parent signing for a patient under the age of eighteen years. For a deceased patient, a court entry or order appointing the (fiduciary, executor, or administrator, or letters of appointment received from Probate Court MUST accompany an authorization signed by the named individual. If the estate has not been probated, a death certificate coupled with the documents naming the administrator or executor of the estate.