1575 RAMBLEWOOD DRIVE
EAST LANSING, MI 48823

517-333-3777 (P)
517-203-3956 (F)

CONSENT TO RELEASE MEDICAL INFORMATION

Requester: ______________________ Phone: ______________________

Patient: ______________________ Date of Birth: ______________________

Releasing Physician: ______________________

Person/Business Released To: ______________________

Address: ______________________

Information to be Released

_____ Any/All Information

_____ Specific Information Only

Explain ______________________

Information released for following reason:

_____ Transfer of Care

_____ Physician Consultation

_____ Disability Determination

_____ Insurance Application Reimbursement

_____ Medical Leave of Absence

_____ Other (please explain): ______________________

Please check one of the following:

_____ Medical information requested above, INCLUDING information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; information related to testing or treatment of sexually transmitted diseases and HIV/AIDS.

_____ Medical information requested above, EXCLUDING information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; information related to testing or treatment of sexually transmitted diseases and HIV/AIDS.

______________________ ______________________

Patient/Legal Guardian/Person Legally Authorized for Patient Date