

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name _____ SSN: _____

Date of Birth _____ Telephone Number () _____

I, _____, hereby authorize the release of medical information FROM: (indicate one or more)

- () Digestive Health Assoc. of Northern MI () Other _____
4100 Park Forest Drive, Suite 208 _____
Traverse City, MI 49684 _____
(231) 935-5710 _____
Fax (231) 935-9045 _____

Including (if any):

- alcohol and drug abuse records protected under the regulation in 42 Code of Federal Regulation, Part 2.
- psychiatric / psychological services records, social work records.
- Any information regarding serious communicable diseases and infections as defined by Michigan Department of Public Health Code (Act 368 of 1978 as revised), which includes venereal disease, tuberculosis, HIV, AIDS or ARC.

MY INFORMATION MAY BE RELEASED TO THE INDIVIDUALS OR ORGANIZATIONS LISTED BELOW, ONLY UNDER THE CONDITIONS LISTED BELOW:

1. () Digestive Health Assoc. of Northern MI () Other _____
4100 Park Forest Drive, Suite 208 _____
Traverse City, MI 49684 _____
(231) 935-5710 _____
Fax (231) 935-9045 _____

2. Specific type of information to be disclosed and dates of service:

- ___ Any information related to my care for _____
___ Progress notes _____
___ X-rays / Lab Reports _____
___ Referral Physician or Hospital Reports _____
___ Other _____

3. The purpose and need for such disclosure: (please check)

- ___ Continuation of treatment or health care, follow up
___ Lawyer/Legal _____ Disability Determination
___ Billing information / Insurance investigation _____ Social Service Referral
___ Other (specify): _____

4. The authorization is subject to written revocation at any time to the extent that Digestive Health Associates of Northern Michigan has already taken action in reliance on the authorization. If not previously revoked, this authorization is valid for six (6) months from date of signature.

Signature of Patient /

Authorized Representative: _____ Date: _____

Signature of Witness (if required) _____ Date: _____