MEDICAL RELEASE OF INFORMATION/REQUEST FOR MEDICAL RECORDS

INFORMATION TO BE DISCLOSED

I authorize (previous doctor)_____, (city) _____, (state) _____, (phone number) _____, its agents and its employees to release protected health information about me to Dr. Rebecca Patrias, Dr. Melissa Sundermann and Dr. Sarah Bur. This may include alcohol and/or drug abuse treatment; psychological and social work counseling, communicable disease or infections including sexually transmitted diseases, venereal disease, tuberculosis and hepatitis, and demographic information for the purposes and under the conditions designed on this form.

Date of Request: _____ (this request is good for 1 year from the date of request)

Patient:_____

Address:_____

City/State/Zip:_____

DOB:_____

I _____, give my permission for the release of health information.

***Please include:**

- Problem Summary List

- Laboratory tests, most recent date plus most recent cholesterol, PSA, and PAP

- Consultation (Referral) notes-for the last year plus any colonoscopy report

- X-ray reports-for the last two years plus most recent mammogram

- Other:(pleasespecify)_____

Please mail or fax immediately to:

Dr. Rebecca Patrias, Dr. Melissa Sundermann and Dr. Sarah Bur

350 N. Main St.; Suite #100

Chelsea, MI 48118

734-433-1500 (phone) and 734-433-1400 (fax)

Revocation: I understand that I may revoke my authorization. After it is revoked, the doctors will make no further disclosures to the above mentioned persons without a new authorization. In the event that the authorization was obtained as a condition of providing insurance coverage, the authorization will not apply to my insurance company to the extent that the law provides my insurer with the right to contest a claim under the policy, or the policy itself.

Re-disclosure: Once information has been disclosed, it may no longer be protected from further disclosure by federal or state privacy laws.

Conditioning of Eligibility: The doctors will not condition treatment, payment, or eligibility on my signing this document.

Signature:_____Date:_____

Form revised January 2015 - revision date is January 2016