

Michigan Reproductive Medicine

41000 Woodward Ave., Suite 100 East, Bloomfield Hills, MI 48304

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AUTHORIZATION TO RELEASE PATIENT INFORMATION FROM MICHIGAN REPRODUCTIVE MEDICINE

PLEASE
PRINT

I, _____, hereby authorize
(Your Name) (Your Area Code & Phone Number)

Michigan Reproductive Medicine, 41000 Woodward Ave., Suite 100 East, Bloomfield Hills, MI 48304 and/or their designee, to release information or a copy of:

_____ 's records, including alcohol and drug abuse records protected
(Patient's Name)

under the regulations in Code 42 of Federal Regulations, Part 2, if any; psychological services records, if any; social services records, if any; and psychiatric records, if any; records of Human Immunodeficiency Virus (HIV) testing including results, if any; records of treatment for Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC), if any; and records of communicable diseases, if any; to the individuals or organizations listed below, only under conditions listed below. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this release.

Birth Date of Patient

E-Mail of Receiving Party

Name of Individual(s)/Organization(s)
Who Will Be Receiving Records Via E-Mail

Street Address of Individual(s)/Organization(s)
Who Will Be Receiving Records

City State Zip Code Phone Number Fax Number

RECORDS TO BE RELEASED

- All Records
 Other (specify) _____

PURPOSE AND NEED FOR SUCH DISCLOSURE

(please check one and provide details)

Continuation of Care Physician's Full Name Date of Appointment New Doctor Appointment Physician's Full Name Date of Appointment

Other: Please Specify _____

Patient's or Representative's Signature

Date

Witness's Signature

Date

IMPORTANT

1. An AUTHORIZATION TO RELEASE PATIENT INFORMATION form **must** be completed by the patient. An **original** signature from the patient is preferred; a faxed or photocopied signature may not be acceptable. If a representative signs this release, proof of representation and personal identity must be provided before records are released.
2. Records from providers other than Michigan Reproductive Medicine will not be disclosed.
3. Release of records for continuation of care is limited to pertinent information only, which is sufficient for this purpose. The patient will be charged a fee to cover administrative costs.
4. If the person or entity that receives information is not a health care provider or health plan covered by federal privacy regulations, these records may be re-disclosed and no longer protected by these regulations.