

Michigan Reproductive Medicine

Michael S. Mersol-Barg, M.D., Director

41000 Woodward Avenue, Suite 100 East, Bloomfield Hills, MI 48304

248-593-6990 (phone) / 248-593-5925 (fax)

Authorization to Release Patient Information

I, _____, Date of Birth: _____

(Print Your Name)

hereby authorize Michigan Reproductive Medicine, 41000 Woodward Avenue, Suite 100 East, Bloomfield Hills, MI 48304 and/or its designee, to release information or a copy of the records for _____,

(Print Patient's Name)

including, alcohol and drug abuse records protected 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.

Contact Information:

Medical records to be released to: _____

All requested records will be **faxed** to the designated person or uploaded to the patient's portal.

Address: _____

Phone: _____ Fax: _____

Records to be Released:

- OB records
 All records
 Other (specify) _____

Purpose and Need for such disclosure (please check one)

- Continuation of medical care Date of appointment: _____
 Insurance/Billing verification
 Other Reason: _____

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 accepted. If a representative signs this release, proof of representation and personal identification must be provided before the records are released.
2. Records from providers other than Michigan Reproductive Medicine will not be disclosed.
3. The patient will be charged a fee for records.
4. If the person or entity receiving information is not a health care provider or health plan covered by federal privacy regulations, these records may be disclosed and no longer protected by these regulations.