

Karim HealthCare
18297 US 127, Cement City, MI 49233
(P):517-547-4845 (F):517-547-4853

Authorization for Release of Medical Information

I, _____
Patient Name Date of Birth

Authorize _____
Name of Facility/Provider

Address City State Zip

To release the following medical information to _____
Name of Facility/Provider

Address City State Zip

Phone Fax

SPECIFIC INFORMATION TO BE DISCLOSED:

___ Progress Notes ___ Test Results ___ Chart (last 3 yrs)
___ Other _____

PLEASE INITIAL APPROPRIATE LINES:

This release also specifically allows the release of the following information (will not be released unless the appropriate line is initialed):

- ___ Any record or treatment for drug and or alcohol dependency or abuse
- ___ Any record of mental health treatment
- ___ Any record of testing, care, treatment including research pertaining to infection with HIV or AIDS

Authorization valid for ___ This request only ___ One year from the date of this authorization

I understand that

- I may revoke this authorization at any time by submitting a *written* request to the address above except where disclosure was established by my authorization.
- I may be charged for records if asking for entire chart.

I _____ authorize this information to be sent via FAX transmission
(Urgent request only)

If you are transferring your entire care to another provider, please mark appropriately:

___ Moving out of town ___ Transferring care ___ Insurance purpose
___ Dismissed ___ Consult only ___ Provider inquiry
___ Other, please explain _____

Patient/Legal Guardian of Patient Date

Karim HealthCare staff Date