



2700 S. Rochester Rd.  
Rochester Hills, MI 48337  
Phone: 248-212-0777  
Fax: 248-575-4144

## **Medical Information Release / Request**

Date: \_\_\_\_\_

Addressed To:  
(If External)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In reference to Patient:

\_\_\_\_\_  
Name DOB  
\_\_\_\_\_

\_\_\_\_\_  
Social Security# Signature  
\_\_\_\_\_

The listed patient requests the release copies of:

- All Medical Record       Radiology Reports       Hospital Summaries  
 Electrocardiograms       Laboratory Reports       Other: \_\_\_\_\_

Dated from \_\_\_\_\_ to \_\_\_\_\_

I hereby authorize the release of the indicated medical information.

Please send it promptly via     Fax     Mail     Email     Other \_\_\_\_\_

NOTE: If faxing records, privacy cannot be guaranteed.

Please release this information to:

**Columbia Clinic**  
**2700 S. Rochester Rd.**  
**Rochester Hills, MI 48307**  
**FAX: 248-575-4144**

- I understand that I may inspect or copy the protected health information described by this authorization.
- I understand that this authorization may be revoked in writing by me and delivered to the Privacy Contact of Doctor s Care at any time, although revocation will not be effective as to the disclosure of records whose release I have previously authorized, or where other action has been taken in reliance on an authorization I have signed.
- I understand that information use d or disclosed pursuant to this authorization could be subject to re -disclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

\_\_\_\_\_  
Printed Name of Patient or Authorizing Representative Relationship of Representative

\_\_\_\_\_  
Signature of Patient or Representative Date

\_\_\_\_\_  
COLUMBIA CLINIC Staff/Witness

EXPIRATION DATE: This authorization will expire on (date or event) \_\_\_\_\_ . If no date or event is stated, expiration is six (6) months from the date it was signed.

\* COPY PROVIDED: The (covered entity) shall provide a copy of this authorization, when signed, to the subject individual.

Commented [EP1]:  
Commented [EP2R1]:  
Commented [EP3R1]:  
Commented [EP4R1]: