Family and Pediatric Medicine of Grand Rapids 4130 Breton Rd SE, Suite B

Grand Rapids, MI, 49512 Phone 616-281-0093 / Fax 616-281-0580

AUTHORIZATION TO RELEASE PATIENT INFORMATION

I authorize Family and Pediatric Medicine of Grand Rapids to release protected health information about me or my child to the recipient indicated below for the purposes and under the conditions designated on this form. This may include information about substance abuse & mental health as well as communicable diseases such as tuberculosis, hepatitis, and venereal diseases including HIV

PLEASE NOTE:

If transferring records FROM Family & Pediatric Medicine of Grand Rapids to another physician, etc., then complete parts A through D and sign. If transferring TO Family & Pediatric Medicine of Grand Rapids to another physician, etc., then complete parts A, D, E and sign.

A. PATIENT:	B. RECIPIENT OF INFORMATION:
Patient Name Patient Address City, State, Zip Code	Self or Name of Physician, Institution, Clinic, etc. Address City, State, Zip Code () Fax Number
C. INFORMATION TO BE DISCLOSED:	D. REASON FOR DISCLOSURE:
There is NO CHARGE for the following records: Immunization Records Problem List Growth Charts Medication Logs Most Recent Physical Exam There is a \$25.00 CHARGE (due and payable at the time of request) for any of the following records. Check those that are being requested: Progress Notes	 □ Patient Request □ Continuation of Care or Consultation □ Insurance Claim
 Lab & X-Ray Reports Billing Information All Physical Examinations Correspondence from other physicians, hospitals, urgent care, etc. Old records from previous physician(s) 	☐ Legal Matter ☐ Other (Please Specify):
E. REQUESTING INFORMATION FROM ANOTHER PHYSICIAN: authorize release of information from:	F. PLEASE SEND INFORMATION REQUESTED TO: Dr. Michael Marcotte Dr. An Nguyen
Name of Physician, Institution, Clinic, etc.	Family and Pediatric Medicine of Grand Rapids
Address	4130 Breton Rd SE, Suite B
City, State, Zip Code	Kentwood, MI 49512
G. EXPIRATION: (Expires in 6 months if left blank)	Phone 616-281-0093
This authorization expires on	Fax 616-281-0580
PEVOCATION &	DEDISCLOSURE.

REVOCATION: I understand that I may revoke my authorization by writing to Family & Pediatric Medicine of Grand Rapids 4130 Breton Rd SE, Kentwood, MI 49512. After it is revoked, Family & Pediatric Medicine of Grand Rapids will make no further disclosures to the above persons without a new authorization. We can rely on this authorization until it is revoked, or until the expiration date or conditions are met. In the event that the authorization was obtained as a condition of providing insurance coverage, the revocation 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, REDISCLOSURE: Once information has been disclosed, it may no longer be protected from further disclosures by federal or state privacy act.