**UROLOGIC CONSULTANTS, P.C.**

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION**

Patient's Full Name _____Date of Birth _____

*Provide <u>all names</u> which you have used while a patient of this practice.*

**Physician (✓):** ☐ Anema ☐ Barber ☐ Bigham ☐ Curry ☐ DeHaan ☐ Meldrum
☐ Miyamoto ☐ Roelof ☐ Thompson ☐ Steinhardt ☐ Wise

**Records from:** UROLOGIC CONSULTANTS, P.C.
ADMINISTRATIVE OFFICE
25 MICHIGAN STREET NE, SUITE 3300
GRAND RAPIDS, MI 49503
FAX: 616-459-0044

**Release to:** _____

_____

_____

**Reason for release:**

☐ Transfer care - Appointment date _____ ☐ Insurance

☐ Consultation - Appointment date _____ ☐ Other _____

**Medical information to be sent:**

☐ Entire medical record, ***including*** information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; information related to testing or treatment of HIV/AIDS or AIDS Related complex (ARC).

☐ Entire medical record, ***excluding*** information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; information related to testing or treatment of HIV/AIDS or AIDS Related complex (ARC).

☐ Record of care from _____ to _____ ***including*** information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; information related to testing or treatment of HIV/AIDS or AIDS Related complex (ARC).

☐ Record of care from _____ to _____ ***excluding*** information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; information related to testing or treatment of HIV/AIDS or AIDS Related complex (ARC).

I authorize medical information to be released as indicated above. I understand this release is effective for six months from the date of execution, but that I may revoke my consent at any time by providing written consent to the above named party. I also acknowledge that future treatment is not conditioned upon execution of the release.

_____ _____
Signature of patient or patient's legal guardian Date