VALLEY OB-GYN. CLINIC, P.C **INBOUND**

926 N. Michigan Ave., Saginaw, MI 48602 **Phone: 989-753-8453** **Fax Completed Form: 855-660-7762**

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

Patient Phone No: _____

Reason for Release:

- ☐ FMLA &/or Disability($15/ form)
- ☐ Transferring Care
- ☐ Prenatal Review
- ☐ Continuation of Care

I Request and Authorize:

Name:_____

Address:_____

City/State/Zip:_____

Phone: _____Fax:_____

To Release healthcare information of the patient named above to:

Name: Valley OB-Gyn, P.C. Clinic, 926 N. Michigan Ave., Saginaw, MI, 48602

This request and authorization applies to:

☐ Healthcare information relating to the following treatment, condition, or dates: _____

_____

☐ All healthcare information

☐ Other: _____

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereuem, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

☐ Yes ☐ No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

☐ Yes ☐ No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED UNLESS REVOKED IN WRITING SOONER BY PATIENT OR PATIENT'S AUTHORIZED GUARDIAN OR LEGAL REPRESENTATIVE.

Search Fee: $25.00* Pages 1 - 20 : $1.25 per page Pages 21 - 50 : $0.63 per page Pages 51+ : $0.25 per page

Fees Authorized by Michigan Law: Public Act 47 of 2004. MCL 333.26269. (Search fee waived for patient request their own record).