Envision Medical Group 422 N. Center St., Northville MI 48167 P 248.348.1131 F 248.348.1170

ENVISION MEDICAL GROUP

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION FOR MEDICAL USE

Regarding Patient:
Name (last, first): _____ Date of Birth _____
Street Address _____ Telephone _____
City, State, Zip _____

Records Released From:
Name (last, first): _____ Telephone _____
Street Address _____ Fax _____
City, State, Zip _____

Records Released To:
Name (last, first): _____ Telephone _____
Street Address _____ Fax _____
City, State, Zip _____

☐ These records are needed for an appointment on _____
☐ I would like to pick up a copy of my records; please call me when available.

INFORMATION TO BE RELEASED (check all applicable categories)

☐ Complete records ☐ Immunization Records ☐ Office Visit Notes
☐ Lab Reports ☐ X-ray reports/films ($5 charge for films)

In compliance with state and federal laws, special permission is required to released certain records. Please check the boxes below if you would like records released pertaining to:

☐ Mental Health ☐ Developmental Disabilities ☐ Alcohol Abuse Treatment/Evaluation
☐ HIV/AIDS-related Illness ☐ HIV Test Results ☐ Substance Abuse Treatment/Evaluation

PURPOSE OR NEED FOR DISCLOSURE (check all applicable categories)

☐ Continuation of Care ☐ Insurance/Claims ☐ Application for Insurance
☐ Legal ☐ Personal ☐ School Disability
☐ Academics ☐ Other: _____

_____ _____
patient/parent/legal guardian/conservator name – print *date*

_____ _____
patient/parent/legal guardian/conservator name – signature *date*

_____ _____
witness name – print *date*

_____ _____
witness name – signature *date*