4070 Lake Dr SE, Ste 101

Grand Rapids, MI 49546

(P) 616-455-4114 (F) 616-455-4454

MEDICAL RECORDS RELEASE FORM

Patient Name: _____ **Date of Birth**: _____

I authorize:

Name of individual/entity releasing records: _____

Address: _____

Phone Number: _____ Fax: _____

To release my medical records to:

West Michigan Family Health
4070 Lake Dr SE, Ste 101
Grand Rapids, MI 49546
Fax #: 616-455-4454

I authorize and request the release of the following protected health information: ***Check the box that applies***

☐ My entire medical record or

☐ Only the items indicated below: ***Check all box(es) that apply*** (*if not checked, information will not be disclosed*)

☐ Office notes ☐ test results including labs, diagnostic images, xrays ☐ medications

☐ pathology reports ☐ nursing home, home health, physician, hospital reports

☐ record of HIV/communicable disease testing

☐ record of mental health or substance abuse treatment ☐ Other_____

Purpose of disclosure: ☐ Patient Request ☐ Continuing care with another provider ☐ Other:_____

- This authorization will expire at the end of the calendar year of your last signature below unless you specify an earlier termination. You must renew or submit a new authorization after the expiration date to continue the authorization. Date of expiration if earlier than the end of the calendar year: _____
- You have the right to terminate this authorization at any time by submitting a written request to our Privacy Manager. Termination of this authorization will be effective upon written notice, except where a disclosure has already been made based on prior authorization.
- We have no control over the person(s) you have listed to receive your protected health information. Therefore, your protected health information disclosed under this authorization may no longer be protected by the requirements of the Privacy Rule and will no longer be the responsibility of the practice.

_____ _____

Patient Signature (Or legal guardian if patient is a minor) Date

You have a right to receive a copy of this document upon request.