

Traverse Area Pediatric and Adolescent Clinic



Patient Name _____ DOB _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Release healthcare information of the patient named from

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Release healthcare information of the patient named above to

Traverse Area Pediatric and Adolescent Clinic Phone 231-421-8099
4020 West Royal Drive Fax 231-421-8599
Traverse City, MI 49684

This authorization for release of information covers the period of healthcare from _____ to _____

- I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS and treatment of alcohol or drug abuse)
o Other (Please Specify) _____
OR
I authorize the release of my complete health record with the exception of the following information:
o Mental health records o Alcohol / drug abuse treatment
o Communicable diseases (including HIV / AIDS) o Other (Please Specify) _____

This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims, or other purposes as I may direct.

This authorization shall be in force and effect until _____ (date or event), at which time this authorization expires.

I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether I sign this Authorization.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of Patient / Parent / Guardian (Circle One)

Today's Date

Printed Name of Signee