

Release of Information Authorization

Consent & Record Pick-up By Other Than Patient

- MidMichigan Medical Center - Clare
MidMichigan Medical Center - Midland

- MidMichigan Medical Center - Gladwin
MidMichigan Medical Center - Gratiot

Consent by Other Than Patient

Use this section if the patient is under 18 years of age OR otherwise unable to consent.

If the patient is under 18 years of age or otherwise unable to consent, the following must be completed:

I, (name), certify that I am the (relation to patient) of the patient, that the patient is unable to consent because he/she is a minor years of age or because

On behalf of (name), I consent to the disclosure as outlined on page one (1) of this document.

*Authorized Individual Signature: Date:

Staff Signature: Photo identification verified

*Must attach copies of proof of personal representative documentation.

Authorization for Record Pick-Up by Other Than Patient

If the patient is unable or unwilling to pick-up the copies of their medical records and wishes to authorize another individual to obtain the copies, the following must be completed:

I, (patient name), authorize (name of authorized individual) to pick-up my confidential medical records as outlined on page one (1) of this document.

Patient Signature: Date:

Staff Signature: Photo identification verified

This section to be completed at time of pick-up

Authorized Individual Signature: Date:

Staff Signature: Photo identification verified

Please use EMR03700 with EMR0060 for record pick-up by other than patient or consent by other than patient.

Distribution: Original - Medical Record

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