

ARCTURUS HEALTHCARE

PRISM Medical Group, a division of Arcturus Healthcare PLC
Wellpointe Bldg | 1701 South Blvd E. | Rochester Hills, Michigan 48307
50 West Big Beaver Rd. | Bloomfield Hills, Michigan 48304

PATIENT AUTHORIZATION FOR RELEASE OF RECORDS

Please print all information, then sign and date at the bottom

PATIENT NAME _____ DOB _____

Purpose of Request – I request and authorize the disclosure or release of my protected health information as identified below:

From: _____
Name of Provider/Physician

Address

City/State/Zip

Phone Number

Fax Number

To: PRISM Medical Group, a division of
Arcturus Healthcare, PLC

Dr. _____

Entire Chart _____
Dates requested _____

Specific testing _____

Description of Information to be Disclosed – I authorize the disclosure of complete medical record, **including** information related to treatment of substance abuse or dependency, psychiatric or mental health treatment, information related to the testing or treatment of sexually transmitted diseases and HIV/AIDS.

Purpose of Disclosure – This protected health information is being used or disclosed to carry out treatment, payment and/or healthcare operations in the following manner:

_____ Change of physician
_____ Chart Update

Expirations or termination of authorization – This authorization is effective for one year from the date of execution, however, I may revoke it at any time by providing notice in writing to the above named party. A photocopy may serve the same as an original.

Patient and/or legal guardian of patient

Date

Suite 240/370
Phone: 248-997-7000
Fax: 248-997-7007

Suite 250
Phone: 248-293-1002
Fax: 248-293-1272

Suite 290
Phone: 248-997-7900
Fax: 248-997-7918

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