



Liberty Surgical Associates, PLLC
400 136th Ave. Holland, MI 49424 616-738-0470 Fax: 616-738-0498

Authorization to Release/Obtain Medical Information

Date: _____

Last Name: _____ First Name: _____

Date of Birth: _____ MR# _____ Phone Number: _____

I hereby authorize Liberty Surgical Associates to _____ disclose and/or _____ obtain the following information contained in my medical record from (date) _____ to (date) _____.

Name of person/organization to whom disclosure is to be released/obtained from:

Name: _____

Address: _____

Specific Information Authorized for Release:

- | | |
|--|--|
| <input type="checkbox"/> Physician's Dictated Notes | <input type="checkbox"/> EKG(s) |
| <input type="checkbox"/> History Intake | <input type="checkbox"/> X-Ray Report(s), CD |
| <input type="checkbox"/> Patient Information | <input type="checkbox"/> Pathology Reports/Labs |
| <input type="checkbox"/> Consent to Operation | <input type="checkbox"/> Rehab Services Reports (O.T., P.T.) |
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> Billing Records |
| <input type="checkbox"/> Physician Surgical Report Dictation | <input type="checkbox"/> Complete Medical Record |
| <input type="checkbox"/> Skin Care Intake Evaluation | <input type="checkbox"/> Other _____ |

Purpose of Disclosure:

- Attorney/Legal Insurance/Work Comp Personal Reasons Treatment

Release of Information:

1. I understand that this authorization extends to all medical records of other providers and may include any information about substance abuse treatment, behavioral health services, communicable diseases and infectious disease, including sexually transmitted diseases, HIV infection, acquired immunodeficiency related complex, venereal disease, hepatitis, or tuberculosis.
2. I understand that I may inspect or copy the information to be disclosed.
3. I understand that any disclosure of this information carries with it the potential for re-disclosure and the information may not be protected by federal or state confidentiality regulations and rules.