

Integrated & Preventative Health Care Associates

2300 Haggerty Rd. Suite#2140 West Bloomfield, MI. 48323

Phone# (248)669-5050 Fax# (248)669-1700

I _____ hereby authorize _____ to release
my protected health information to

Phone Number

Fax Number

I understand that my protected health information disclosed under this authorization may be subject to re-disclosure by the individual or organization named above and its privacy will no longer be protected by law.

Type of information to be disclosed:

Purpose of disclosure: _____

This authorization can be revoked in writing, at any time except for that information that has already been released or disclosed. Any authorization for that release or disclosure of drug and alcohol abuse records shall end when the purpose for the release has been achieved. Integrated & Preventative Health Care Associates uses a medical records transfer company whose rates are mandated by the state of Michigan.

Patient Name: _____ Date: _____

Signature of Patient/Responsible Party: _____

DOB: _____ Relationship to Patient: _____