

Charles R. Barker Jr., DO Family Practice PC

1320 W. State St. Suite 3A

Belding, MI. 48809

Phone: (616)794-1810

Fax: (616)794-2675

(New address 2/2015)

Patient's legal name: _____

DOB: _____ **Social Security #** _____

I, the undersigned patient/parent/legal guardian, hereby authorize the following facility to release medical record information obtained during the course of treatment of the above named patient to the following:

RELEASE INFORMATION

Charles R. Barker Jr.,DO

Dr. or Facility Name: _____

Family Practice PC.

1320 W. State St. Suite 3A

Address: _____

Belding, MI. 48809

Phone 616-794-1810

Phone: _____

Fax 616-794-2675

Fax: _____

Purpose of Disclosure:

Continuing care **Insurance** **Legal** **Personal use**

OTHER: _____

MEDICAL RECORD INFORMATION TO BE RELEASED:

ENTIRE RECORDS: _____ **LAST 2 YEARS:** _____ **LABS:** _____

RADIOLOGY: _____ **SPECIFIC DATES:** _____

I understand such information cannot be disclosed without my written informed consent unless otherwise provided by law. I further understand that information to be disclosed may include treatment of Psychiatric, Substance Abuse, and HIV/AIDS related illnesses. I agree that the information may be fax for expediency. I have the right to revoke this authorization at any time, if not revoked, this consent will expire 6 months from the date signed below. I understand and consent for the medical record of the patient named above to be copied and sent to the individual(s) as indicated.

Further release of the information disclosed by the above authorities is prohibited by the Michigan medical health Code (Public Act 258 of 1974 as amended, Sections 748, 749, 750.) The released information may not be copied, shared, or re-released, except as consistent with the authorized purpose stated above. This authorization is in compliance with the Title 42 of the code of Federal Regulations which also prohibits disclosure. I have also had the opportunity to have this form explained to me and my questions answered.

Patient or Legal Guardian signature and date

Witnessed by signature and date

