1560 Turf Lane – East Lansing, MI 48823
(517) 484-3000 Phone
(517) 484-6358 Fax

Release of Protected Health Information

Purpose of disclosure – To obtain or provide protected health information for the purpose of treatment.

Patient's Name:	Date of Birth:	SSN (last 4 digits only):
_____	_____	_____

Information to be disclosed:

☐ Entire record ☐ Billing information ☐ Office notes ☐ Labs or ultrasound

☐ Other: _____

☐ I authorize Alliance Obstetrics & Gynecology to release my protected health information to the entity listed below:

Practice:

Provider:

Address:

City, State, Zip:

Phone: Fax:

☐ I authorize the entity listed below to release my protected health information to **Alliance Obstetrics & Gynecology, 1560 Turf Lane, East Lansing, MI 48823**.

Practice:

Provider:

Address:

City, State, Zip:

Phone: Fax:

Expirations or termination of authorization: This authorization is a one-time request for the listed purpose and will expire 14 days from the date of this request. This authorization may be terminated at any time by submitting a written request to our Privacy Manager. Termination of this authorization will be effective upon written notice, except where a disclosure has already been made based on prior authorization

Redisclosure: We have no control over the entity you have listed to receive your protected health information. Therefore, your protected health information disclosed under this authorization will no longer be the responsibility of the practice.

The practice places no condition to sign this authorization on the delivery of healthcare or treatment.

_____ _____

Patient's Signature Date

Copies of signed authorizations are available upon request