



Michigan Endoscopy Center

30055 Northwestern Highway, Suite L60, Farmington Hills, MI 48334
(Phone) 248-865-6555 (Fax) 248-865-6554

Patient Name: Test Test
Patient ID: gffhh
DOB: , ()
Gender:
Procedure(s): Colonoscopy,Upper GI endoscopy
DOS: 2/5/2015
Physician: NoProvider

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

I, hereby authorize, Michigan Endoscopy Center, to release protected health information, including alcohol and drug abuse records protected under the regulations in Title 42 Code of Federal Regulations, Part2, if any; behavioral medicine services record, including communications made by me to Center personnel; and any information regarding communicable diseases and infections as defined by MCLA 333.5131, if any, which includes venereal disease, tuberculosis, HIV, AIDS, and ARC, to individuals or organizations listed below, only under the conditions listed below:

Name of person(s) or organization(s), to whom information is to be released to:

Test Test

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

Specific type of information to be disclosed:

- Discharge Summary
- Emergency Room Report
- Operative Report
- Pathology Report
- Test Result
- Cardiology Report: Stress test, EKG, etc.
- Other:

<Information_to_Release>

The purpose and need for such disclosure:

- Continuation of Care
- Personal Use
- Insurance Claim
- Worker's Compensation
- Attorney Inquiry

<Purpose>

This authorization can be revoked, in writing, at any time except to the extent that information has already

been released or disclosed. Any authorization for the release or disclosure of drug and alcohol abuse records shall end when the purpose for the release has been achieved. We will not condition treatment or payment based upon this Authorization or Revocation of Authorization unless otherwise allowed by law.

This authorization will expire automatically when the purpose for the release or disclosure has been achieved or upon 90 days after the date below, whichever is later.

<Patient_Sig>

Patient Name: Test Test

v1.0- 3/12