



University
Physician Group

AUTHORIZATION FOR RELEASE OF PATIENT MEDICAL RECORDS

Patient's Name: _____

Patient's Date of Birth: _____

Patient's SSN: _____

Records to be ordered **FROM**: (Name of Physician, Hospital, Clinic, Agency-**MUST** include address & phone number)

I hereby authorize the release of my patient medical records from facility listed above and its Director, designee, or Medical Records Department, to release information contained in my patient records, including alcohol and drug abuse records protected under the regulations in the Code 42 of Federal Regulations, Part 2, if any; psychological services records, if any, and social services records, if any, including communication made by me to a social worker or psychologist; and information relative to HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome) and ARC (AIDS-Related Complex), if any, to the individuals or organizations listed below, only under the conditions listed below:

1. Name, address and phone number of individual(s) or organization(s) where records are to be **SENT**:

2. Specific type of information being requested:

3. The purpose and need for such records: (For mental health records, include a statement as to how the information to be disclosed is germane to the purpose and need for such records.)

4. This consent may be revoked at any time. It shall remain valid no longer than is reasonably necessary to accomplish the purpose for which it was given. I understand that records released for the above purpose will be treated confidentially.

Signature of Patient / Patient's Legal Guardian

Date

Signature of Witness

Complete this form and return it to the location where you receive health care:

University Physician Group
3750 Woodward, #200C
Detroit, MI 48201-2007
Phone: 313-993-4645
Fax: 313-993-4663

University Physician Group
26400 W. 12 Mile, Suite 140
Southfield, MI 48034
Phone: 248-352-8200
Fax: 248-356-8255

Date received (OFFICE USE ONLY)

Please note that medical records requested from this office are copied and MAILED by HealthPort. Please allow approximately 2 weeks for the records to arrive. **HealthPort charges a fee for copying and mailing medical records.** Please call 800-367-1500 if you have questions regarding their fees.