Authorization for Release of Medical Records

212 Court Street S., Standish, MI 48658
Fax: 1-833-764-6130

ATTENTION

Existing Patients: Please Fax to (1-989-362-2311) or deliver to Medical Records at the Standish Hospital

Patient Information

Name:_____ DOB:_____ Phone:_____

Records Requested From: MyMichigan
Purpose of Disclosure: Generations Health will be my new PCP
Method of Delivery: Fax 1-833-764-6130

Records Requested:

- Last Health Maintenance or Medicare Wellness Visit
- Notes from the past six months
- Past year of lab results
- Last results for:
  - Mammogram
  - Pap
  - Bone Density
  - Eye Exam
  - Colon Cancer Screening (Cologuard and/or Colonoscopy with pathology)

Right to Revoke

I understand that I have the right to revoke this authorization, in writing, at any time, except where uses or disclosures have already been made based upon my original permission. In order to revoke this authorization, I must do so in writing and send it to the appropriate disclosing party. If not previously revoked,this release will expire one year from the date of patent's signature.

Authorization for release of medical records & Acknowledgment:

_____ _____

Patient or Personal Representative (Print) **Signature** **Date**