

Sterling Medical Center, P.L.L.C.

13409 14Mile Road Sterling Heights, Michigan 48312

Phone (586) 977-3900-Fax (586)977-6840

Dr. Roger Yim, D.O.

Molly Clark DNP, FNP-C

Authorization for Use or Disclosure of Medical Records Information

Patient Information:

Patient Name: _____ DOB: _____

Address: _____

Phone Number: _____ SSN (last 4 digits): _____

I authorize the use or disclosure of the above mentioned patient's information as described below:

Release Information From:

The following individual or organization to make the disclosure (choose one):

Name: _____
Address: _____

Phone: _____
Fax: _____

Sterling Medical Center PLLC
13409 Fourteen Mile Rd
Sterling Heights, MI 48312
Phone: (586) 977-3900
Fax: (586) 977-6084

Release Information To:

The information may be used by or disclosed to the following individual or organization (choose one):

Name: _____
Address: _____

Phone: _____
Fax: _____

Sterling Medical Center PLLC
13409 Fourteen Mile Rd
Sterling Heights, MI 48312
Phone: (586) 977-3900
Fax: (586) 977-6084

Information to be disclosed:

- Complete and Full Records (Date) _____ to _____
- Billing Records
- Radiology Reports
- Laboratory Reports
- Admission and Discharge Summaries
- Consultations

I understand that I have the right to revoke this authorization, in writing, at any time by sending a written notification to Sterling Medical Center PLLC, attention Medical Records, at the above address. Information used or disclosed by this authorization may be subject to subsequent disclosure by the recipient and no longer protected by this rule. I, also, understand that the authorization to release my medical records is voluntary and I can refuse to sign at any time.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Date

Witness of Sterling Medical Center

Date