



MEDICAL INFORMATION RELEASE AUTHORIZATION

I, _____ **Date of Birth:** _____
(please print patient name)

hereby authorize _____
(please print name of facility or physician seen)
to release information contained in my medical records, including, as
applicable: (XRAY REPORTS, DISCHARGE SUMMARIES AND SURGICAL PROCEDURES).

To: URBAN STERLING
8255 Hall Rd.
Utica, MI 48317
TEL: (855)768-3627
FAX: (586)314-0790

Purpose and/or need for such disclosure

("at the patient's request" if the patient does not choose to provide an explanation of the purpose of the request):

**This authorization shall be in force and effective until (give date): 180
days at which time this authorization to use or disclose this
protected health information expires.**

**I understand that, as set forth in the practice's Notice of Privacy
Practices, I have the right to revoke this authorization, in writing, at
any time by sending written notification to:**

URBAN STERLING

Patient/Patient Rep., signature _____ **Date:** _____



Medical Records - New State Law

Effective April 1, 2013, Public Act 512 became a Michigan State law.

Public Act 512 requires that all Patients provide Medical Records relevant to their qualifying condition at their Certification or Renewal prior to appointment.

Any Certification or Renewal made without a review of Medical Records will NOT provide you any protection in a Court of law.

For our Patients protection, Michigan Law requires that ALL Patients provide Medical Records at the time of Certification or Renewal.

Medical Records Release Form provided

**PATIENT IS RESPONSIBLE FOR
PROPER FILE INFORMATION.**