



**MI EXPRESS CARE**

**AUTHORIZATION FOR RELEASE/DISCLOSURE OF HEALTH CARE INFORMATION**

<b>Patient Name (PRINT)</b>	<b>Guardian or Authorized Party (if applicable)</b>	<b>Date of Birth</b>
-----------------------------	---	----------------------

I authorize the release and disclosure of my health information as described. I understand that I have the right to revoke this authorization in writing at any time, except (1) where uses or disclosures have already been made based upon my original permission or (2) the authorization was obtained as a condition of securing insurance coverage and the insurer by law has the right to contest a claim or the insurance policy. To revoke this authorization, I must do so in writing. I understand that it is possible that information used or disclosed with my permission may be redisclosed by the recipient and no longer protected by the Federal Privacy Standards nor is this the responsibility of MI Express Care or MI Express Primary Care.

\_\_\_\_\_ Initials of Patient/Guardian

I understand that Umayr Azimi, MD may not condition treatment on my signing this authorization and that I have a right to refuse to sign this authorization.

<b>Signature of Patient</b>	<b>Date</b>	<b>Signature of Witness</b>	<b>Date</b>
-----------------------------	-------------	-----------------------------	-------------

A fax copy or photocopy of this consent shall be as valid as the original. If my medical records include information regarding drug abuse, alcoholism or alcohol abuse, or psychological/psychiatric conditions, I authorize the release of this information except when services rendered for requested dates are authorized by employer for occupational medicine services whereby drug screen results and labs authorized by said employer will be shared with the employer.\*\* If this authorization is signed by an individual's personal representative, the representative's authority is based on (e.g. state law, court order, POA, etc).

**FEE SCHEDULE:** State and Federal laws specify a reasonable fee may be charged to offset the cost associated with the reproduction of records. The fee is \$1.19 per page for the first 20 pages. For pages 21-50, the fee is \$0.60 a page. For pages 50+, the fee is \$0.23 a page. No fee shall be charged for reproducing and forwarding records directly to other physicians. A \$23.71 initiation fee may be added in addition to the per page fee per Michigan Law to account for time and resources allocated to record distribution per discretion of MI Express Care or MI Express Primary Care.

**FOR OFFICE USE ONLY**

Date Sent: \_\_\_\_\_ Via: Fax \_\_\_\_\_ Mail \_\_\_\_\_

Physician Authorization:  
Date: