Kentwood Family Physicians, PC
5070 Cascade Road, SE, Suite 250
Grand Rapids, MI 49546
Phone: (616) 281-9066 Fax: (616) 281-0539

Bruce M. Baker, D.O.
Susan L. Baker, D.O.
David L. Byington, D.O.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

_____ _____
Patient Name *Date of Birth*

The undersigned hereby authorizes the release of medical information, as described below, to Kentwood Family Physicians, P.C. This information will be released by:

_____
Name of physician, individual, organization, or other health care provider

_____
Address

_____
City *State* *Zip Code*

_____ _____
Telephone *Fax*

Medical information to be disclosed:

- ❒ Entire Medical Record, INCLUDING information related to treatment for substance abuse or dependency; psychiatric or mental health treatment; information related to testing or treatment of sexually transmitted disease and HIV/AIDS.

- ❒ Entire Medical Record, EXCLUDING information related to treatment for (*check all that apply):*

  - ❒ Substance abuse or dependency
  - ❒ Psychiatric or mental health treatment
  - ❒ Information related to testing or treatment of sexually transmitted diseases and HIV/AIDS

- ❒ Other-please Specify:_____

_____ _____ _____
Signature of Patient (if minor, parent/guardian) *Printed Name* *Date*

_____ _____ _____
Signature of Patient (if minor, parent/guardian) *Printed Name* *Date*