



5800 Foremost Drive SE
 Suite 100
 Grand Rapids, MI 49546
 Phone: 616-954-5554
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Authorized Release of Information

Patient: _____	Date of Birth: _____
Diagnosis: _____	Date of Referral: _____

Records may be released from: _____ _____ _____	Records may be released to: START Midwest _____ _____ _____
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Purpose of Disclosure:

Continued Patient Care Patient Request Attorney/Legal Insurance

- This authorization lasts for 2 years after the date it is signed, unless a different date or expiration is written here: _____
- This authorization may be cancelled in writing any time. A cancellation will not change releases that happen before the cancellation
- A phone copy/fax of this authorization will be treated in the same way as an original
- Your signature indicates that you have read and understand this form and authorize release of your information as indicated above.

 PATIENT/LEGAL GUARDIAN SIGNATURE

 RELATIONSHIP TO PATIENT

 DATE