

117 S. Main St.
Capac, MI
48014
Ph: 810.395.4840
Fax: 810.395.7551



**Family First
Health Care**

Capac - Armada

22905 W. Main St.
Armada, MI
48005
PH: 586.473.8082
Fax: 586.473.8129

Loren J. DeCarlo, DO Karey Hartford, FNP Pamela Kuzera, FNP Sarah Hunger, FNP

Medical Records Release

By signing this form, I authorize _____,
fax _____

to release confidential health information about me by releasing a copy of my medical records, or a summary or a narrative of my protected health information, to the physician/facility listed below.

Patient Name: _____

Date of Birth: _____

The information you may release is listed below:

- | | |
|--|---|
| <input type="checkbox"/> Complete Records | <input type="checkbox"/> X-ray Reports |
| <input type="checkbox"/> Care Plan | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Mammogram |
| <input type="checkbox"/> Hospital Records | <input type="checkbox"/> Consultation Reports |
| | <input type="checkbox"/> Lab reports |

Other _____

Release my protected health information to the following provider/facility and those directly associated in my medical care.

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Signature: _____ Date: ____/____/____

Relationship to the patient: _____