



1308 South Main Street  
Plymouth, MI 48170  
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## AUTHORIZATION TO RELEASE AND/OR OBTAIN COPIES OF A CLINICAL MEDICAL RECORD

For Office Use Only:

Information:

☐ Mailed ☐ Picked Up ☐ Faxed

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

I legally authorize KaraLee & Associates, P.C. to release protected health information about me/my child to the recipient listed below.

☐ IHA Office

**PATIENT:**

**RECIPIENT:**

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Self or Name of Physician, Institution, Clinic, Company, etc.

\_\_\_\_\_  
Patient's Address

\_\_\_\_\_  
Address/Suite Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

**INFORMATION TO BE DISCLOSED:**

☐ Initial Clinical Assessment

☐ Quarterly Review(s)

☐ Psychiatric Evaluation

☐ Medication Log

☐ Discharge

☐ Other: \_\_\_\_\_

**PURPOSE(S) FOR WHICH THE INFORMATION MAY BE DISCLOSED:**

☐ At the Request of the Patient

☐ Continuation of Care/Transfer of Care

☐ Attorney/Legal

☐ Social Security/Disability Certification

☐ Insurance Company

☐ Worker's Compensation

☐ Other: \_\_\_\_\_

☐ VIEW ONLY: (Documents will not be printed or sent)

**TO OBTAIN PATIENT INFORMATION FROM ANOTHER HEALTH ORGANIZATION:**

☐ I authorize release of information from:

\_\_\_\_\_  
Self or Name of Physician, Institution, Clinic, Company, etc.

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Address/Suite Number

\_\_\_\_\_  
City, State, Zip Code

**EXPIRATION:** (may be a specific date or a condition; if left blank, expires 6 months from date below):

This authorization expires: \_\_\_\_\_

**REVOCATION (cancelling) & REDISCLOSURE:**

**REVOCATION (cancelling):** I may revoke (cancel) this authorization at any time. Revocations (cancellations) must be made in writing. After it is revoked, KaraLee & Associates, P.C. will make no further disclosures to the above persons without a new authorization.

**REDISCLOSURE:** Once information has been disclosed, it may no longer be protected from further disclosures by federal or state privacy laws.

**SIGNATURE:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Patient, Parent, Legal Representative)

**AUTHORIZATIONS SIGNED BY A LEGAL REPRESENTATIVE MUST INCLUDE A COPY OF THE GUARDIANSHIP PAPERS OR A POWER OF ATTORNEY.**

*\*Payment: There will be fees associated with most record requests. The fees are outlined on attached page.*

## **HOW TO OBTAIN COPIES OF MEDICAL RECORDS**

Records can be released to anyone that the patient authorizes (in writing) to receive such information.

### **REQUESTING MEDICAL INFORMATION ON BEHALF OF SOMEONE OTHER THAN YOURSELF:**

If you are requesting medical records for someone other than yourself, you will be required to provide additional documentation to show that you have a legal right to request the record set. Examples of these documents may include Letters of Representation, Guardianship Papers, Affidavits of Heir at Law, etc.

Requests for medical records of deceased patients require a letter of authority in addition to your signed request. The letter of authority is given to the executor of a person's estate by the Probate Court upon their death.

### **FEES:**

For continuation of care, medical records sent from KaraLee and Associates, P.C. to another medical office are free of charge.

Some records requested for legal, insurance, or personal use may require a prepayment. If your request requires prepayment, a fee notice will be given to you. Actual postage will be added to the fees outlined below (if applicable). Records fees will be billed as follows:

#### **Patients:**

Pages 1-20: \$1.18 per page  
Pages 21-50: \$0.59 per page  
Pages 51 and up: \$0.24 per page

#### **Attorneys & Insurance Companies:**

Initial Fee: \$23.62  
Pages 1-20: \$1.18 per page  
Pages 21-50: \$0.59 per page  
Pages 51 and up: \$0.24 per page + Actual postage

KaraLee & Associates, P.C. accepts cash, checks, Visa, Mastercard and Discover. Please make checks payable to KaraLee & Associates, P.C.