



Fowlerville Medical Center

Norine Tracy, M.D.
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Fowlerville, MI 48836
(517) 223-7900

Consent to Share Medical Information

Patient's Legal Name: _____

Birth Date: _____

I HEREBY AUTHORIZE FOWLerville MEDICAL CENTER TO SHARE:

Any of my medical/dental information, including information about (check all that apply):

- Sexually transmitted disease (STD) testing and treatment*
- HIV/AIDS testing and treatment*
- Mental health diagnoses and treatment*
- Pregnancy testing and prenatal care*
- Drug and alcohol use history and treatment*
- Birth control/family planning*
- My lab results (note: checking this box does NOT mean we will share result of STD or HIV/AIDS tests)
- My appointment times, dates, and reasons for the visits
- The medications I am taking
- Billing/payment information

WITH THE FOLLOWING PEOPLE:

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

I understand that I may cancel this consent at any time (by writing to Fowlerville Medical Center), but that cancelling it will not affect any information that has already been released. I understand that I do not have to sign this form, and that I should only sign it if I want Fowlerville Medical Center to share my information with someone.

This authorization expires: When I cancel it in writing Other specified Date _____

If no expiration date or event is specified, this authorization will expire one (1) year after the date it is signed.

Patient Signature (Over 13yo) : _____ Date: _____

Legal Guardian Signature: _____ Date: _____

Relationship to minor patient (if parent or legal guardian)*: _____ If you are not the minor patient's parent, you must give us proof of guardianship (for example, a court order or power of attorney)

*A minor patient's signature is required for us to share information about care for: (1) conditions relating to the minor's sexuality including, but not limited to: family planning and sexually transmitted diseases (age 14 and above); (2) alcoholism and/or drug abuse (age 13 and above); and (3) mental health conditions (age 13 and above).