

Center for Reproductive Medicine and Surgery

300 Park Street, Suite 460, Birmingham, MI 48009, Phone: 248-593-6990

Michael S. Mersol-Barg, M.D., Director

AUTHORIZATION TO RELEASE PATIENT INFORMATION TO DR. MERSOL-BARG**

PLEASE PRINT

I, _____, hereby authorize
(Print Your Name) (Your Area Code & Phone Number)

_____ or his/her/its designee, to release information or a copy of:
(Print Your Doctor's or Hospital's Name)

_____ records, including alcohol and drug abuse records protected
(Print Patient's Name)

under the regulations in Code 42 of Federal Regulations, Part 2, if any; psychological services records, if any; social services records, if any; and psychiatric record, if any; record of Human Immunodeficiency Virus (HIV) testing including results, if any; records of treatment for Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC), if any; and records of communicable disease, if any; to Michael S. Mersol-Barg, M.D. and/or the Center for Reproductive Medicine and Surgery, only under conditions listed below.

_____ Birth Date of Patient

_____ Patient's Social Security Number

RECORDS TO BE RELEASED

- All Records
 Other
(Specify) _____

PURPOSE AND NEED FOR SUCH DISCLOSURE

Continuation of Care or Consultation

Date of Appointment: _____

Other Specify: _____

This authorization is subject to written revocation at any time except to the extent that Center for Reproductive Medicine and Surgery has already taken action in reliance of the authorization.

_____ Your Signature

_____ Date

_____ Witnessing Signature

_____ Date

PLEASE MAIL OR FAX ALL REQUESTED RECORDS TO:

CENTER FOR REPRODUCTIVE MEDICINE AND SURGERY, 300 PARK STREET, SUITE 460,
BIRMINGHAM, MI 48009
FAX: 248-593-5925

IMPORTANT

This AUTHORIZATION TO RELEASE PATIENT INFORMATION form must be completed by the patient or personal representative. PLEASE SUBMIT THIS COMPLETED FORM TO THE DOCTOR OR HOSPITAL WHERE YOUR RECORDS ARE LOCATED so that your records are sent to the Center for Reproductive Medicine and Surgery as soon as possible. You should copy this form if you have records with more than one doctor or hospital.