

Pulmonary & Critical Care Associates, P.C.
 Authorization for General Medical Records Release to Pulmonary &
 Critical Care Associates, P.C

PATIENT INFORMATION (Please print)	
Name:	Date of Birth:
Address:	City, State, Zip:
Last four SSN:	Phone Number:

By my signature below, I authorize the custodian of my medical records:

 Provider/Entity Name

 Provider/Entity Address

 Provider/Entity Phone/Fax

To disclose/release the following information (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All records | <input type="checkbox"/> Billing records |
| <input type="checkbox"/> Office notes (previous 2 years) | <input type="checkbox"/> Pharmacy/prescription records |
| <input type="checkbox"/> Laboratory/pathology records (previous 3 years) | <input type="checkbox"/> Sleep studies/Titration Reports |
| <input type="checkbox"/> Radiology records (previous 3 years) | <input type="checkbox"/> Other _____ |

Please send the records listed above to the following Pulmonary & Critical Care Associates, PC address:

- | | |
|--|---|
| <input type="checkbox"/> Shelby Township Office
50505 Schoenherr Road, Suite 290
Shelby Township, MI 48315
Phone: 586-314-0080 / Fax: 586-731-6253 | <input type="checkbox"/> St. Clair Shores Office
25319 Little Mack
St. Clair Shores, MI 48081
Phone: 586-772-5550 / Fax: 586-772-1706 |
| <input type="checkbox"/> Sterling Heights Office
44344 Dequindre, Suite 410
Sterling Heights, MI 48314
Phone: 586-262-5100 / Fax: 586-262-5096 | <input type="checkbox"/> Roseville Office
25689 Kelly Road, Suite 100
Roseville, MI 48066
Phone: 586-445-5995 / Fax: 586-445-5977 |

This authorization shall not be valid for greater than one year from date of signature.

I understand that PCCA will not condition any aspect of my treatment on whether I sign this authorization.

I have the right to revoke this authorization, except to the extent of the custodian of records and/or Pulmonary & Critical Care Associates, P.C., has relied on it, by sending a written request to: *Practice Manager – 50505 Schoenherr Road, Suite 290, Shelby Township, MI 48315.*

 Signature of patient (or patient's personal representative)

 Date

 Printed name of patient/patient representative

 Representative's authority to sign
 (i.e. parent, guardian, POA, executor, etc.)