

Ryan Family Practice

231-425-4447 Phone
231-425-4401 Fax
300 S Rath Ave., Suite 202
Ludington, MI 49431

James T. Ryan, D.O.

Authorization
Release of Medical Information

Patient Name _____ Date of Birth _____
Address _____ Social Sec # _____
_____ Telephone _____
City _____ State _____ Zip Code _____

Records may be released to:

Ryan Family Practice
Dr. James T. Ryan
300 S Rath Ave,
Suite 202,
Ludington, MI 49431
Fax 231-425-4401

I authorize _____ to release information contained in
my patient records.

Information Request

- Entire Record
- Abstract Record
- Billings, invoices and statements
- Consults
- Discharge Summary
- EEG/ECG/EMG
- History and Physical
- Immunization record
- Lab reports

- Operative reports
- Pathology reports
- X-Ray reports
- Records related to specific problem of _____
- Other _____

Purpose of disclosure

- Patient request
- Attorney/legal
- Insurance
- Continued patient care
- Other

It is further understood that the information released is for the specific purpose stated above and may not be provided in whole or in part to any other agency, organization or person, except as required by law. This authorization may be revoked in writing at any time.

This authorization will expire sixty days from the date of my signature unless I specify otherwise.

Signature of patient or legal representative

Date

Basis of legal authority to act for patient

Second witness if signed with "x"