AMHC
Advanced Medical House Calls

14165 Fenton Rd
Suite 201A
Fenton, MI 48430
Phone: 810-853-5875
Fax: 586-279-4515

Patient Information			
First Name	Last Name	MI	Birth Date

RELEASE OF INFORMAITON

Please Leave the Following Blank:	
Purpose of Release:	**Continuity of Care**
Release of Information from:	
Requested Medical Information:	

Patient's Social Security # _____

Authorization & Acknowledgement

I, _____ hereby authorize release of my medical records to Advanced Medical House Calls, PLC (AMHC). This authorization will be in effect, unless revoked in writing, for 3 Years from today's date or until the date written here: _____.

I understand this Authorization is voluntary and I may refuse to sign it. I understand that I have the right to revoke this Authorization is specific to the types of information and the dates of service listed above.

Patient or Guardian Signature _____

Patient or Guardian Name (printed) _____

Relationship to Patient (if applicable) _____