

**Forest Hills Pediatric Associates**

**Consent to Release Medical Information**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Natalie Brenders, MD

Alissa Enzenberger, MD

Randy Leja, DO

William Bush, MD

Kathleen Howard, MD

Michael Meindertsmas, MD

Joan Downs, MD

Marcy Larson, MD

Cara Zokoe, MD

Cheryl Dyksen, MD

Brian LeCleir, MD

**Medical Information to be sent:**

\_\_\_\_\_ Entire Medical Record, **INCLUDING** information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; information related to testing or treatment for HIV/AIDS.

\_\_\_\_\_ Entire Medical Record, **EXCLUDING** information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; information related to testing or treatment for HIV/AIDS

\_\_\_\_\_ Record of Care from \_\_\_\_\_ to \_\_\_\_\_ **INCLUDING** information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; information related to testing or treatment for HIV/AIDS.

\_\_\_\_\_ Record of Care from \_\_\_\_\_ to \_\_\_\_\_ **EXCLUDING** information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; information related to testing or treatment for HIV/AIDS.

\_\_\_\_\_ If deemed necessary by Dr. \_\_\_\_\_, I authorize this necessary information to be sent via fax transmission.

I authorize medical information to be released as indicated above. I understand this release is effective for 6 months from the date of execution, but I may revoke my consent at any time by providing written consent to the above named party.

\_\_\_\_\_  
Legal Guardian/Adult (**18 and over**) Patient (Print)

**Release From:** \_\_\_\_\_

\_\_\_\_\_  
Phone Number

\_\_\_\_\_

\_\_\_\_\_  
Witness

**Release To:** Forest Hills Pediatrics  
877 Forest Hill Ave SE  
Grand Rapids, MI 49546  
Fax: 616-949-6191  
Phone: 616-949-4465

\_\_\_\_\_  
Signature (Legal Guardian or Adult Patient)

\_\_\_\_\_  
Date