

## Western Michigan Pediatrics, PC

721 Kenmoor SE – Grand Rapids, MI 49546 ♦ Telephone: (616) 949-6112 – Facsimile: (616) 949-8530  
1915 Georgetown Center Drive – Jenison, MI 49428 ♦ Telephone: (616) 457-3510 – Facsimile: (616) 457-4660

Dennis L. Lake, MD ❖ Megan N. Clark, MD ❖ Jennifer L. Van Zee, MD  
Shawna Pierce, MD ❖ Jeremy R. Veenema, DO ❖ Nicole R. Van Allen, MD ❖ Amanda L. Williams, MD

### AUTHORIZATION FOR THE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

The undersigned hereby authorizes Western Michigan Pediatrics, PC to disclose, for the purpose other than treatment, payment, or health care operations, the protected health information of:

\_\_\_\_\_  
*Patient Name*

\_\_\_\_\_  
*Date of Birth*

#### **Protected health information to be disclosed:**

\_\_\_\_\_ Entire medical record, INCLUDING information related to the treatment for substance abuse or  
Dependency: Psychiatric or mental health treatment; or HIV or sexual abuse information. \$20 fee

\_\_\_\_\_ Entire medical record, EXCLUDING information related to the treatment for substance abuse or  
Dependency: Psychiatric or mental health treatment; or HIV or sexual abuse information. \$20 fee

\_\_\_\_\_ Last Well Child Exam, Immunization Record and Problem list. These 3 pages provided at no charge

\_\_\_\_\_ Record of Immunizations only.

\_\_\_\_\_ Other \_\_\_\_\_

#### **Reason for transferring records: (Optional)**

\_\_\_\_\_ Please describe \_\_\_\_\_

\_\_\_\_\_ Would you like a follow-up call from the office manager? If yes, provide your phone number \_\_\_\_\_

#### **Physician, individual, organization, or other health care provider to receive this information:**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Telephone Fax*

I am:

\_\_\_\_\_ The patient (if age 18 or over).

\_\_\_\_\_ An authorized representative of the patient (please provide proof of authority).

\_\_\_\_\_ A parent of a patient who is under the age of 18.

\_\_\_\_\_ The legal guardian of the patient (please provide proof of guardianship).

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*