Michele Thomas, M.D.
Patrice Harold, M.D.

29255 Northwestern Hwy
Suite 301
Southfield, MI 48034
Phone 248-354-2201
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AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS FORM

Patient: ________________________ **Date of Birth**: ____________________

Release Records From: **Release Records To:**

Physician Name: Michele Thomas, M.D.	**Provider Name:**
Address: 29255 Northwestern Hwy., Ste. 301	**Provider Address:**
Provider CSZ: Southfield Mi 48034	**Provider CSZ:**
Provider Phone: 248-354-2201 **Provider Fax: 248-354-2220**	**Phone:** **Fax:**

I hereby authorize the release of information contained in my medical records, to the individuals or organizations listed above. This applies to all information in my medical record, (including information about communicable diseases and /or infections as defined by Michigan statute and Department of Public Health rules, which include Human Immunodeficiency Virus (HIV) infection, Acquired Immunodeficiency syndrome (AIDS), Aids Related Complex (ARC), venereal disease and tuberculosis, if: alcohol and ./or drug abuse information protected under the regulation in 42 code of Federal Regulation part 2, if any psychiatric/ psychological records, if any social work record, if any: (including communications made by a social worker, psychiatrist/psychologist).

Reason for Release of Information: New Provider

The following information is to be released:* Must be specific on which medical records are being requested*

I understand that I may revoke this authorization at any time and that this authorization pertains to fulfillment of the above stated purpose and will automatically expire after 90 days from date of signature. Any disclosure of medical information is prohibited by the recipient(s) unless otherwise specified in the authorization. A PHOTOCOPY WILL HAVE THE SAME AUTHORITY AS THE ORIGINAL.

______________________________________ ________________ ______________
***Signature of Patient/Legal Guardian** **Relationship** ***Date**

____________________________________ ______________
Witness **Date**