

Catholic Schools of Greater Kalamazoo  
Hackett Catholic Central High School  
1000 W. Kilgore  
Kalamazoo, MI. 49008  
Telephone: 269-381-2646  
Fax: 269-381-3919

**Authorization for Release of Medical Information**

From the Medical Record of:

Patient Name \_\_\_\_\_  
Last First Middle

Birth Date or SSN \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Doctor/Facility \_\_\_\_\_  
Print Name Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Release to Hackett Catholic Central  
1000 W. Kilgore  
Kalamazoo, MI 49008

Information to be released (check any and all that apply)

- \_\_\_\_\_ The entire general medical/dental record excluding information related to HIV or AIDS
- \_\_\_\_\_ Immunization information only
- \_\_\_\_\_ The following information \_\_\_\_\_
- \_\_\_\_\_ Record obtain from the following providers \_\_\_\_\_
- \_\_\_\_\_ Records related to HIV or AIDS

Purpose of release:

\_\_\_\_\_  
\_\_\_\_\_

- This authorization shall be effective for 12 months following the date of signature. However, I understand that this authorization may be revoked at any time by giving written notice to the above listed Physician or Facility.
- A photocopy of this authorization shall constitute a valid authorization.
- If deemed necessary by Hackett Catholic Central, I authorize this information to be sent via facsimile (fax) transmission.
- The Physician, Facility, and their employees are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized herein.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Representative's Relationship to Client

**Notice to Recipient:** the recipient of the enclosed information is not authorized to use this Patient's medical records for any purpose other than for that stated above or to disclose any information from the record to any other person or facility without specific written authorization from the patient to do so.