

- Herbert Malinoff, M.D.
- Carl Christensen, M.D.
- Mark A. Weiner, M.D.

- Patrick Gibbons, D.O.
- Eva Michals, PA-C

4870 West Clark Road, Suite 201  
 Ypsilanti, Michigan 48197  
 Phone: (734)434-6600 Fax: (734)434-6684

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

I, \_\_\_\_\_ request and authorize Pain Recovery Solutions or  
 \_\_\_\_\_ to release healthcare information pertaining to me.

Physician Name: _____	Physician Name: _____
Physician Phone: _____	Physician Phone: _____
Physician Fax: _____	Physician Fax: _____

Physician Name: _____	Case Manager Name: _____
Physician Phone: _____	Case Manager Phone: _____
Physician Fax: _____	Case Manager Fax: _____

Specific Type of Information to Be Disclosed:

- |                          |                         |
|--------------------------|-------------------------|
| _____ History & Physical | _____ X Ray Results     |
| _____ Progress Notes     | _____ Operative Notes   |
| _____ Laboratory Results | _____ Pathology Reports |
| _____ Other _____        |                         |

Dates of Treatment: From \_\_\_\_\_ -To- \_\_\_\_\_ **ALL**

The Purpose and Need for Such Disclosure: **CONTINUATION OF CARE**

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**Yes No** I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

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**Yes No** I authorize the release of my STD results, HIV/AIDS testing, whether positive or negative to the person(s) listed above.

**Definition:** Sexually Transmitted Disease (STD) as defined by laws, TCW 70.24 et seq., includes herpes simplex, human papilloma virus, genital warts, condyloma, Chlamydia, non-specific urethritis, syphilis, gonorrhea and AIDS.

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

\_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Patient Date of Birth

\_\_\_\_\_  
 Today's Date

**THIS AUTHORIZATION EXPIRES 4 YEARS AFTER IT IS SIGNED**

This authorization may have been disclosed to you from records whose confidentiality is protected by Federal and State Laws. Federal regulations (42 CFR, Part 2) and State Laws (Public Act 258, Chapter 7, Section 748) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or is otherwise permitted by such regulations. A general authorization for release of medical or other information is NOT sufficient for this purpose.