

1. Records relating to visit(s)/date(s)/service(s) of:

2. Information to be Disclosed:

Entire Record	X-Ray Films and/or Radiology Reports	Consultations
History & Physical	Immunizations	Inpatient Information
Clinic Notes	Problem List	Emergency Room Reports
Laboratory Reports	Medication Lists	Other: _____

If you do NOT wish to have the specific information identified below disclosed, you MUST place your initials on the lines:

- \_\_\_\_\_ Treatment of emotional illness, including documentation by any psychologist or psychiatrist (this does not include psychotherapy notes).
- \_\_\_\_\_ Treatment of alcohol or substance abuse
- \_\_\_\_\_ Documentation by Social Service personnel
- \_\_\_\_\_ Results of HIV testing; treatment of HIV infection, AIDS or AIDS-related complex
- \_\_\_\_\_ Treatment of sexually transmitted disease, tuberculosis or communicable disease as specified by the Michigan Department of Public Health.

Purpose of Disclosure (i.e. individual's request, insurance, continuing care, etc.)