

Behavioral Health Care, P.C.

300 Country Pine Lane, Battle Creek, MI 49015

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www.mimood.com



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RELEASE OF MEDICAL INFORMATION

Date: _____

Patient Name: _____ Date of Birth: _____

Address: _____

I hereby authorize: Marjaneh Rouhani, MD
300 Country Pine Lane
Battle Creek, MI 49015

To release to: _____
Name of Person or Agency

Address

Information to be disclosed:
 All medical information
 Specific medical information
Please describe: _____

Purpose and need for such disclosure:

I hereby consent to the release of any medical information, which may include the following: psychiatric, alcohol and/or drug abuse records, AIDS, AID-related complex (ARC) and HIV infection.

I understand that this authorization may be withdrawn by me at any time. Revocation of this authorization will not affect any information already released.

Patient Signature

Date

Witness

Date