Dr. Alphonse Ekole

Kelly Family Medical Center, P.C.

21331 Kelly Road, Suite 120
Eastpointe, Michigan, 48021

Phone: 313-778-6148

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Medical Information Release Authorization

Last Name:	**First Name:**		**Middle Initial**
Address:	**City**	**State**	**Zip Code**
Phone:			

I authorize (ask):

		Phone:	
Address:	**City**	**State**	**Zip Code**

To release information contained in my medical records, including, as applicable:

- Information about human immunodeficiency virus (HIV), and acquired immunodeficiency syndrome (AIDS)
- Alcohol and drug abuse treatment information protected under the regulation in 42 Code of Federal Regulation, Part 2,
- Psychological services and social services information including communication made by me to a social worker or psychologist

To the individual or organizations listed below, only under the conditions listed below:

Name of receiver of information:			
Address:	City	State	MI
Purpose and need for such disclosure: ☐Continuity of care ☐Other:			
Specific type of information to be disclosed: ☐All medical records ☐Lab results ☐Mental Health records ☐Other:			
The mental health records are germane to this purpose because:			

☐Please include disclosures from another facility.
Is this information for an attorney (lawyer)? ☐Yes ☐No

This consent is subject to revocation (cancellation) at any time except in those circumstances in which the clinic has taken certain actions on the understanding that the consent will continue un-revoked until the purpose for which the consent was given has been accomplished. However, any consent given with respect to alcohol and or drug abuse records shall have a duration no longer than that reasonably necessary to effectuate the purpose for which it is given.

Without expressed revocation (cancellation) this consent expires after 60 days or for the following specified reasons: ☐Date: _____/_____/_____ , Or ☐None,
Or
☐Event: _____

Patients Signature	**Parent or Guardian Signature**		**Date**
Patient Social Security Number	**Date of Birth**	**Witnessed by**	**Date**