

Professional Village Medical Center  
13700 19 Mile Road  
Sterling Heights, MI 48313  
P: (586) 247-6020  
F: (586) 737-2338  
F: (586) 247-7048

**Records Release Authorization**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please Release Records From: \_\_\_\_\_  
(Office/ Doctor Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number) (Fax Number)

I hereby request that you release information contained in my medical record, which includes information that may be stored in a paper and/or electronic format, as set forth below:

X-Ray: \_\_\_\_\_ CT: \_\_\_\_\_ MRI: \_\_\_\_\_ Ultrasound: \_\_\_\_\_

Labs: \_\_\_\_\_

Consultation Note: \_\_\_\_\_ Hospital Notes: \_\_\_\_\_ Discharge Summary: \_\_\_\_\_

Cardiac Testing: \_\_\_\_\_ Immunization: \_\_\_\_\_ All Records: \_\_\_\_\_

Other (specify): \_\_\_\_\_

Please send records to:  
Professional Village Medical Center  
Dr. John S. DeMare  
Dr. Steven Shepherd  
Dr. Joyce McDonald  
Dr. Frank DiPonio  
13700 19 Mile Road, Sterling Heights, MI 48313  
F: (586) 737-2338 F: (586) 247-7048

I understand that I have a right to revoke this authorization at anytime. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to our offices. We may have already released the information based on your original authorization. We will not release any additional information after we receive your revocation. We will not condition treatment or payment based on this authorization or revocation of authorization unless otherwise allowed by law.

Your protected health information will be disclosed as specified in this authorization. This authorization will expire 120 days from the date of signature, or until we have completed the disclosure(s) you've requested, whichever is shorter. This information could be subject to re-disclosure by the recipient and may then no longer be protected.

\_\_\_\_\_  
(Patient or Guardian Signature) (Date)