



Mid Michigan Vascular Surgery

4701 Towne Centre Road, Suite 202 Saginaw, MI 48604 989-790-2600

Protected Health Information Disclosures Authorization

Authorization for Release of Protected Health Information to Government and Third-Party Payers For Payment

I authorize Mid Michigan Vascular Surgery, P.C. to furnish my insurance company(s) with necessary health information to pursue payment for medical services received by me, where services are rendered and billable under the financial policy of this office.

Patient/Legal Guardian Signature: _____ Date: _____

Authorization to Disclose Protected Health Information by Phone / Voicemail / Text or Designated Person(s)

I authorize Mid Michigan Vascular Surgery, P.C. to discuss my treatment, diagnoses, test results, billing information, and appointment information either in person or by telephone to the following Designated Person(s) on my behalf:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Patient/Legal Guardian Signature: _____ Date: _____

Authorization to Disclose/Release Protected Health Information via Confidential Voicemail

I authorize Mid Michigan Vascular Surgery, P.C. to release and/or disclose my treatment, diagnoses, test results, billing information, appointment information on my voicemail:

Patient/Legal Guardian Signature: _____ Phone: _____

Staff Use:

Patient Name: _____ DOB: _____ MRN: _____

Staff Initials: _____