**4800 S. Saginaw St. Flint, MI. 48507**

**Phone: 810-732-8336 Fax: 810-963-1674**

**5111 Auto Club Drive. Dearborn, MI. 48126**

**Phone: 313-749-0370 Fax: 313-447-2234**

**21230 Dequindre Rd. Warren, MI. 48091**

**Phone: 586-427-1000 Fax: 586-756-3965**

**REQUEST TO OBTAIN HEALTH INFORMATION**

By signing below, I hereby authorize health information, more specially describes as follows: Medical records including any imaging reports, consultation notes, EMG reports, physical therapy notes, etc to be released from:

FACILITY/DOCTOR/SPECIALIST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO BE RELEASED TO INSIGHT FOR CONTINUATION OF PATIENT CARE. (Please circle doctor listed): Please fax records to: **810-213-0228** for DR. RAMPERSAUD, DR. SHENAVA, DR. SRIPADA, DR. DOBRITT, DR. PESKINS, DR. KHATRI, DR. KHAN Please fax records to: **810-963-1674** for DR. SHAH, DR. EBENEZER, DR. EDEM, DR. MCDOUGALL, DR. TORCUATOR, DR ABURASHED, DR. ALFLLOUSE AND DR. YIN, DR. CHAUDHARY , DR. BELASHER .Please fax records to: **810-213-0412** for DR. SARMAST, DR. SCHUPBACH, DR. JONDY, DR. SHAMIM , DR. GEMAYEL, DR. NASIR, DR AYOUB, DR. GUMMA, DR. NASRAT.

Please fax records to **810-396-6773** for DR. KERSHA, DR. FRANKE, DR.

MASTERNICK, DR ABID, NIKKI SOMERS-KLANSECK.

I understand that my protected health information that is used or disclosed under this authorization may be subject to re-disclosure by the recipient and the privacy of my personal health information will no longer be protected by the law.I have acknowledged that I have read and understand this authorization, I authorize the use of disclosure of my Protected Health Information in accordance with the Terms of this Authorization.

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Printed Name Signature of Patient or Authorized Representative

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DOB Date Signed