



# Authorization to Release Information

Lab work, imaging, and x-rays for Trinity Community Care are provided by Beaumont Health System at no cost to you. Upon verification of your eligibility for services, we will fax your patient information – including full name, birth date, Social Security number, address, telephone number, and gender – to Beaumont so that they can either provide us your Medical Record Number from their system (if you have been a patient there before) or set up a new patient record and Medical Record Number for you prior to your initial medical visit to Trinity Community Care, which will include lab work. This will ensure that your lab work, imaging, and x-rays prescribed by Trinity Community Care are processed to our account for reporting and billing purposes.

**I hereby authorize Trinity Community Care to release any and all patient information obtained by Trinity Community Care to Beaumont Health System. The information will be used to establish a patient record and Medical Record Number if one does not exist, and to process necessary lab work, x-rays, and other diagnostic procedures. All costs will be assessed to Trinity Community Care, I will not be charged for these services by Beaumont Health System or Trinity Community Care.**

**I acknowledge that I have read and understand the above information.**

\_\_\_\_\_ Date

\_\_\_\_\_ Print Patient's Name

\_\_\_\_\_ Signature of Patient (or Responsible Consenting Party)

\_\_\_\_\_ Relationship to Patient

Office Use Only:

Information faxed to Beaumont Registration Date: \_\_\_\_\_ Initials: \_\_\_\_\_

MRN received Date: \_\_\_\_\_ Patient MRN: \_\_\_\_\_