Dundee Pediatrics, PLLC
120 Waterstradt Commerce Dr., Suite 1
Michelle L. Daill, MD **Dundee, MI 48131**

HIPAA Records Release

I authorize Dundee Pediatrics, PLLC, Dr. Michelle L. Daill and Staff, to use and disclose the protected health information described below for the following patients:

_____	_____
Patient Name	Date of Birth
_____	_____
Patient Name	Date of Birth
_____	_____
Patient Name	Date of Birth
_____	_____
Patient Name	Date of Birth
_____	_____
Patient Name	Date of Birth

I authorize the following information released:

☐ Complete Medical Records	☐ Immunization Records
☐ Most Recent Physical	☐ Progress Notes
☐ X-Rays	☐ Labs

I authorize the release of this medical information to:

_____

_____

_____

I understand that I have the right to revoke this authorization, in writing, at any time. I understand that this medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct. If there are any questions regarding the release of this medical information, please call our office, 734-823-5437.

_____	_____	_____
Patient/Parent/Guardian Signature	Printed Name	Date
_____	_____	_____
Witness Signature	Printed Name	Date

OFFICE USE ONLY