ADVANCED RHEUMATOLOGY

4202 Collins Rd, Ste 115, Lansing, MI 48910
Phone: 517.908.3600 • Fax: 517.908.3601
Monika Mohan, MD, MPH • Anne Teremi, PA-C

Authorized Delegate(s) for Medical Information

Patient Name: _____ Patient Date of Birth: _____

Please list person(s) with whom we may discuss your medical information. If patient is a minor, list the names of both parents. (note: Michigan law allows both parents access to medical information, unless prohibited by court order)

Authorized Delegate(s):	Relationship to Patient:

This authorization will remain in effect unless revoked by the Patient or Responsible Party.

_____ _____
Patient signature Date

_____ _____
Parent or Guardian signature, if applicable Date