2375 Woodlake Dr, STE 300, Okemos MI 48864
Phone: 517.908.3600 Fax: 517.908.3601
Monika Mohan, MD, MPH Shanti Virupannavar, DO
Anne Teremi, PA-C Jessica Hill, 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 of a minor 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 of Responsible Party.

____ __________________________

Patient signature Date

____ __________________________

Parent or Guardian signature, if applicable Date