

**Kimberly A. Pummill, M.D.
Grand Blanc Plastic Surgery**

Kimberly A. Pummill, M.D., P.C.
8384 Holly Road, Suite 1
Grand Blanc MI 48439
810-606-7888

Medical Records Release of Information

I authorize you to release information from my medical record (or from the medical record of _____), including:

(insert name of patient)

- Information about communicable diseases and serious communicable diseases and infection as defined by statute and Michigan Department of Public Health rules (which include venereal disease (“VD”), tuberculosis (“TB”), human immunodeficiency virus (“HIV”), acquired immunodeficiency syndrome (“AIDS”) and AIDS related complex (“ARC”).
- Substance abuse treatment information protected by 42 Code of Federal Regulation Part 2.
- Psychological and social service information, including communications made by me to a psychologist or social worker.

To my physician _____, and any third party payer or insurance company (including Medicare, Medicaid, Blue Cross/Blue Shield, commercial health insurers, automobile no-fault insurers, worker’s disability compensation insurers, health maintenance organizations, preferred provider organizations, and managed care plans) which are responsible in whole or in part for paying my medical bills so that Dr. Pummill may be paid for her services.

To: Kimberly A. Pummill, M.D.

At: 8384 Holly Road, Suite 1
Street address
Grand Blanc MI 48439

(Signature of patient, parent (if patient is a minor), or legal guardian.

Date: _____