ProCare Rx

Clinical Medical Release Form

Medical records cannot be released until this form is completed, signed by the patient or legal guardian, and returned to EHIM, Powered by ProCare Rx.

A. Patient Information

Name:			Date of Birth:
Cardholder Name:	Cardholder ID#:		Cardholder Phone #
Cardholder Address:	City:	State:	Zip:

C. Internal Use Only

I hereby authorize the EHIM, Powered by ProCare Rx, Clinical Team, acting as an agent of EHIM, Powered by ProCare Rx, to receive my medical documentation. Please forward my medical records to:

EHIM, Powered by ProCare Rx
Attn: EHIM Clinical Team
26711 Northwestern Highway, Suite 500
Southfield, MI 48033

Ph: 800-311-3446 ~ Fax:248-948-9904

This authorization is valid for one year from the date of execution; however, I may revoke it at any time in writing prior to the expiration date. Additional authorization is required for any recipient of my medical records beyond those named above.

Signature of Patient or Legal Guardian:	Date:
Print Name:	Witness Signature:

EHIM, Powered by ProCare Rx
26711 Northwestern Highway, Ste 500
Southfield, MI 48033

Phone: (800) 311-3446 | Fax: (248) 948-9904 | Website: www.ehimrx.com