



Michigan
Gastroenterology
Institute
An Affiliate of Michigan State University

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Medical Release Form

Please list below any persons in which you allow Michigan Gastroenterology Institute to disclose your healthcare information to other than your healthcare providers (this includes both health information and financial information):

Name Relationship

Name Relationship

Name Relationship

As required by the government, MGI has created a secure patient portal to communicate with all patients. Please provide us with your email address so we can set you up to receive your medical records, request appointments, request medication refills, procedure instructions, bill payment and the ability to direct questions to our staff and providers through secure messaging

Email address: _____

Please provide us with your secondary method of communication:

____ Phone Number _____ May we leave a message _____

____ Mail Address: _____

Patient Name(print)

Date of birth

Signature

Date