Cornerstone Medical Group
OPEN MRI OF MICHIGAN
411 W. 13 Mile Road
Madison Heights, MI 48071
Phone: 248 585-4569
Fax: 248 585-4620

Please list anyone by name that you would like Open MRI of Michigan to be able to discuss or release any of your information to:

_____ **No One other than myself**

- Cell phone number (_____)____
- Work phone number (_____)____

_______ Spouse (list name)____

_______ Voicemail or answering machine at home (____)__________________

_______ Other individuals (must list full names) _________________________

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I authorize OPEN MRI of Michigan or any other associate of Cornerstone Medical Group to discuss my protected health information with the above mentioned persons.

I will provide written notice when I choose to revoke or modify any of the above.

Signature of Patient: ____

Printed Patient Name: ____

Date: ____

Signature of Witness: ____