



MINUTE MAN SERVICES, Inc.

DIGITAL DOCUMENT SOLUTIONS

3318 North Main Street Royal Oak, Michigan 48073

Phone: 248-585-6300 - Fax: 248-585-5822

http://www.minutemanservices.net

AUTHORIZATION FOR RELEASE OF INFORMATION

STATE OF MICHIGAN
JUDICIAL DISTRICT
JUDICIAL CIRCUIT

Case #: _____

Court Address: _____ Court Phone #: _____

Name on Record: _____ D.O.B.: _____

S.S.N.: _____

I authorize, _____, to release any and all records irrespective of date unless otherwise specified to:

MINUTE MAN SERVICES, INC. - 3318 N MAIN ST - ROYAL OAK, MI 48073

This information may include alcohol and drug abuse records protected under the regulations in code 42 of federal regulations, part 2, if any, psychological services records, if any, and social work records, if any, including communications made by me to a social worker or psychologist.

Consistent with Michigan public act 488 of 1988, this authorization also includes disclosure of any information in my records pertaining to any communicable diseases or infections, if any, including HIV infection, acquired immunodeficiency syndrome, aids related complex, venereal disease, tuberculosis, meningitis, giardiasis, hepatitis a, b, and non a, non b, histoplasmosis, legionnaire's disease, salmonellosis, shigellosis and staphylococcal infections.

Information obtained with this release may be subject to re-disclosure by the recipient and will no longer be protected by rule 164.508(c) of the HIPAA regulations.

This authorization is valid for six (6) months after it is signed, but may be revoked upon written request to: Minute Man Services, Inc., - 3318 N Main St - Royal Oak, MI 48073, and/or facility listed above. Records may have already been released based upon a previous authorization. Treatment or payment will not be conditioned upon this authorization or revocation of this authorization unless otherwise allowed by law.

Your Name : _____ Phone: _____

Address: _____

Signature: _____ Date: _____

Notarization (If Required):

Subscribed and sworn to before me this _____ day of _____, _____
(1st, 2nd, 3rd) (Month) (Year)

Notary Public, _____ My commission expires: _____
(County) (State) (Expiration Date)

NOTARY SIGNATURE: _____