

MINUTE MAN SERVICES, INC.

3318 N. MAIN, ROYAL OAK, MICHIGAN 48073 (248) 585-6300 ♦ FAX (248) 585-5822

AUTHORIZATION FOR RELEASE OF SOCIAL SERVICE INFORMATION

TO: _____

RE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

I, _____, AUTHORIZE ANY CITY, COUNTY, OR STATE SOCIAL SERVICE ORGANIZATION OR ENTITY TO RELEASE ANY SOCIAL SERVICES RECORDS REGARDING MYSELF, INCLUSIVE OF PAYMENTS FOR MEDICAL SERVICES, AID TO CHILDREN, FOOD STAMPS, HOUSING, OR ANY OTHER SERVICES WHICH IS PROVIDED BY THE SOCIAL SERVICES DEPARTMENT, INCLUSIVE OF MEDICAID AND MEDICARE PAYMENTS, IF ANY, TO **MINUTE MAN SERVICES, INC.**, FOR THE PURPOSE OF COPYING RECORDS. THE INFORMATION BEING SOUGHT IS TO BE USED IN THE EVALUATION OF A PENDING LEGAL SUIT. FAILURE TO AUTHORIZE RELEASE OF THIS INFORMATION MAY CAUSE A DELAY IN THE PROCESSING OF THAT SUIT. A PHOTOSTATIC COPY OF THIS AUTHORIZATION SHALL SERVE IN ITS STEAD.

THE AUTHORIZATION IS VALID FOR ONE (1) YEAR AFTER THE DATE IT IS SIGNED, BUT MAY BE REVOKED UPON WRITTEN REQUEST TO **MINUTE MAN**.

SIGNATURE: _____ DATE _____

PATIENT/PARENT/GUARDIAN/CONSERVATOR/SPOUSE/EMPLOYEE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

NOTARY PUBLIC, _____, COUNTY, MI, ACTING IN _____

MY COMMISSION EXPIRES: _____

NOTARY SIGNATURE: _____