

# MINUTE MAN SERVICES, INC.

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

## AUTHORIZATION FOR RELEASE OF PSYCHOLOGICAL INFORMATION

TO: \_\_\_\_\_

RE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

I, \_\_\_\_\_, AUTHORIZE ANY DOCTOR, NURSE, HOSPITAL OR PSYCHOLOGICAL CLINIC TO RELEASE: \_\_\_\_\_

DATES OF SERVICE: \_\_\_\_\_

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, TO:

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

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. CONSISTENT WITH MICHIGAN PUBLIC ACT 488 OF 1988.

**THE AUTHORIZATION IS VALID FOR ONE (1) YEAR AFTER IT IS SIGNED, BUT MAY BE REVOKED UPON WRITTEN REQUEST TO MINUTE MAN SERVICES, INC., 3318 N. MAIN, ROYAL OAK, MI 48073.**

**The information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by rule 164.508(c) of HIPAA.**

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PATIENT/PARENT/GUARDIAN/CONSERVATOR/SPOUSE/EMPLOYEE

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

NOTARY PUBLIC, \_\_\_\_\_ COUNTY, MI MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARY SIGNATURE: \_\_\_\_\_