

# MINUTE MAN SERVICES, INC.

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

## AUTHORIZATION FOR RELEASE OF WORKERS' COMPENSATION RECORDS

TO: MICHIGAN BUREAU OF WORKER'S COMPENSATION

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

MAIDEN NAME AND/OR ALIAS: \_\_\_\_\_

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

I, \_\_\_\_\_, AUTHORIZE ANY ENTITY TO RELEASE ANY AND ALL WORKERS' COMPENSATION RECORDS, INCLUDING MEDICAL, EMPLOYMENT DATA, PAYMENTS MADE WHILE ON WORKERS' COMPENSATION TO MYSELF, DOCTOR, NURSE, CHIROPRACTOR, PHYSICAL THERAPIST, PSYCHOLOGIST, MENTAL HEALTH PROVIDER, ETC., INCLUSIVE OF ANY PAYMENTS MADE TO INDIVIDUALS WHO PROVIDED ANY SERVICES OR CARE, WHATSOEVER, 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 DELAY IN THE PROCESSING OF THAT SUIT. A PHOTOSTATIC COPY OF THIS AUTHORIZATION SHALL SERVE IN STEAD.

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

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

PATIENT/PARENT/ SPOUSE/GUARDIAN/CONSERVATOR/EMPLOYEE

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

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

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