



# 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 #: \_\_\_\_\_

Name on Record: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

I authorize, \_\_\_\_\_, to release:

**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 \_\_\_\_\_, \_\_\_\_\_

(1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>)

(Month)

(Year)

Notary Public, \_\_\_\_\_, \_\_\_\_\_

(County)

(State)

My commission

expires: \_\_\_\_\_

(Expiration Date)

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