



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 PSYCHIATRIC/PSYCHOLOGICAL INFORMATION

Re: _____

Address: _____ D. O. B.: _____

_____ S. S. N.: _____

I, _____, authorize _____

to release all records including but not limited to:

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, psychiatrist/psychologist services records, if any, and social work records, if any, including communications made by me to a social worker, psychiatrist, or psychologist to:

MINUTE MAN SERVICES, INC. - 3318 NORTH MAIN STREET 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 photo static copy of this authorization shall serve in its stead. Consistent with Michigan public act 488 of 1988.

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.

The information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by rule 164.508(c) of HIPAA. THIS AUTHORIZATION IS VALID FOR ONE (1) YEAR AFTER IT IS SIGNED, BUT MAY BE REVOKED UPON WRITTEN REQUEST TO: MINUTE MAN SERVICES, INC., - 3318 NORTH MAIN STREET ROYAL OAK, MI 48073, AND/OR FACILITY LISTED ABOVE.

SIGNATURE: _____ **DATE:** _____
(PATIENT/PARENT/GUARDIAN/CONSERVATOR/SPOUSE/EMPLOYEE)

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: _____