

AUTHORIZATION FOR RELEASE OF INFORMATION

Facility Name: _____

State of Michigan
Court: _____

Name on Record: _____ Case #: _____

Cell Phone #: _____ D.O.B.: _____

S.S.N.: _____

I _____ authorize _____, to release:

TO: MINUTE MAN SERVICES, INC. - 3905 ROCHESTER RD - ROYAL OAK, MI 48073
SECURE EMAIL: REQ@MM.SERVICES

THE INFORMATION BEING SOUGHT IS TO BE USED
IN THE EVALUATION OF A PENDING OR UPCOMING 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.

THIS AUTHORIZATION IS VALID FOR _____, BUT MAY BE REVOKED UPON WRITTEN REQUEST TO: MINUTE MAN SERVICES, INC. - 3905 ROCHESTER RD - ROYAL OAK, MI 48073, AND/OR FACILITY LISTED ABOVE. RECORDS MAY HAVE ALREADY BEEN RELEASED BASED UPON A PREVIOUS AUTHORIZATION. PATIENT OR AUTHORIZED REPRESENTATIVE SIGNING THIS AUTHORIZATION UNDERSTANDS THAT THIS AUTHORIZATION IS VOLUNTARY AND THEY MAY REFUSE TO SIGN. TREATMENT OR PAYMENT WILL NOT BE CONDITIONED UPON THIS AUTHORIZATION OR REVOCATION OF THIS AUTHORIZATION UNLESS OTHERWISE ALLOWED BY LAW.

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

DATE: _____