MINUTE MAN SERVICES, INC.
FAMILY OWNED AND OPERATED SINCE 1980

3905 ROCHESTER ROAD, ROYAL OAK, MI 48073 · WWW.MM.SERVICES
PHONE: (248) 585-6300 · FAX: (248) 585-5822

AUTHORIZATION FOR RELEASE OF WORKERS' COMPENSATION RECORDS

To: _____

Re: _____

Maiden Name/Alias: _____ D. O. B.: _____

S. S. N.: _____

I, _____, authorize any entity to release any and all workers' compensation records including medical, employment data, and payments made while on workers' compensation to myself, doctor, nurse, chiropractor, physical therapist, psychologist, mental health provider, injury reports, statements, determinations, etc., inclusive of any payments made to individuals who provided any services or care, whatsoever, awards, retroactive payments/or lump sum payments if any 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.

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.

MINUTE MAN WILL ONLY USE THIS INFORMATION FOR THE PURPOSES STATED HEREIN, AND WILL NOT DISSEMINATE THE INFORMATION DISCLOSED FOR ANY OTHER PURPOSE. HOWEVER, HIPAA REGULATION 45CFR164.508(C)(2)(III) REQUIRES US TO INFORM YOU THAT THERE IS THE POTENTIAL THAT THE INFORMATION DISCLOSED HERE COULD BE REDISCLOSED AND THAT IT IS POSSIBLE THAT YOU COULD LOSE THE PROTECTIONS OF HIPAA REGULATION 45CFR164.508(C).

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