

**AUTHORIZATION FOR RELEASE OF HEALTH RECORDS**

I, \_\_\_\_\_ hereby authorize Target Clinics to copy and release to:  
(printed name of guest/legal representative)

RECORDS DEPOSITION SERVICE

(Facility, physician, person, etc.)

P.O. BOX 5054

248-357-3330

(Street address)

(Phone)

SOUTHFIELD, MI 48086-5054

(City, state and zip code)

the following health records:

\_\_\_ All Records      \_\_\_ Immunizations      \_\_\_ Laboratory records

Other health records (please provide description):

ENTIRE MEDICAL FILE

I am requesting this information regarding treatment and services received from \_\_\_\_\_ to \_\_\_\_\_  
for the purpose of: PRE-TRIAL DISCOVERY.

Released information should be:

\_\_\_ Mailed to the address above

Faxed to the following number: 248-357-3337

I recognize that these records and the information contained in them are confidential and may be protected by federal and/or state laws. I understand that the information disclosed to the person identified above could be distributed by that individual without Target's permission and will not hold Target liable for any unauthorized disclosures made by this individual. This authorization will be valid for six (6) months, but may be revoked in writing at any time by submitting a written request to my local Target Clinic. I have retained a copy of this authorization for my records.

\_\_\_\_\_  
(Guest's/Legal Representative's Signature and Date)

\_\_\_\_\_  
(Guest's Date of Birth)

If you are requesting records of another person who is unable to sign this authorization you must also certify your authority to act as follows:

I hereby certify that I am authorized to act for the individual whose records are to be released pursuant to this authorization. My authorization to act for this individual is derived from (check applicable statements):

\_\_\_ Health Care Power of Attorney      \_\_\_ Legal Guardian

\_\_\_ Other (describe): \_\_\_\_\_

\_\_\_\_\_  
(Legal Representative's Signature and Date)

Target Clinics reserves the right to request identification and/or supporting documentation and exercise its discretion in releasing the records of any individual to you.