



Men's Resource Center of West Michigan

AUTHORIZATION TO RELEASE INFORMATION

I, (name of Client) _____, (hereinafter "Client") hereby authorize

Randy Flood, MA, LLP Al Heystek, M. Div., LPC

Otha Brown, LMSW, CAADC Brian Mulder, LLPC Zach Flood, MA, TLLP

of the **MEN'S RESOURCE CENTER**, (hereinafter "Provider") to disclose mental health treatment information and records obtained in the course of psychotherapy treatment of Client, including, but not limited to, therapist's diagnosis of Client to:

Attorney _____

Thru a record request from Records Deposition Service, Inc. (RDS)

PO BOX 5054, SOUTHFIELD, MI 48086-5054

P: 248.357.3330 F: 248.357.3337 E: REQUESTS@RECDEP.COM

Case Number: _____

RDS Job #: _____

I understand that I have a right to receive a copy of this authorization. I understand that any cancellation or modification of this authorization must be in writing. I understand that I have the right to revoke this authorization at any time unless Provider has taken action in reliance upon it. And, I also understand that such revocation must be in writing and received by Provider at **534 Fountain St. NE, Grand Rapids, MI 49503** to be effective.

This disclosure of information and records authorized by Client is required for the following purpose:

Release of requested information as specified in the subpoena

The specific uses and limitations of the types of medical information to be discussed are as follows (**be as specific as you choose to**):

Release of requested information as specified in the subpoena

Such disclosure shall be limited to the following specific types of information:

Release of requested information as specified in the subpoena

Therapist shall not condition treatment upon Client signing this authorization and Client has the right to refuse to sign this form.

Client understands that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule.

This authorization shall remain valid until: **completion of the subpoena dated** _____

Client's signature: _____ Date: _____

*To be signed at the MRC office or returned to Becky Plantinga directly by the client