



AUTHORIZATION FOR RELEASE OF INFORMATION

1352 Terrace Street
Muskegon, MI 49442
(231) 726-3582

1101 Columbus
Grand Haven, MI 49417
(231) 726-3582

905 E. Colby, Suite 150
Whitehall, MI 49461
(231) 726-3582

6401 Prairie Str.
Muskegon, MI 49444
(231) 726-3582

I, \_\_\_\_\_ D.O.B. \_\_\_\_\_

Hereby authorize (Program Name): Mercy Health Partners - Life Counseling

Address: 1352 Terrace Street City: Muskegon State: MI Zip: 49442

It's Director or designee, to release information contained in my client file, including alcohol and drug abuse records protected under the regulations in 42 Code of Federal Regulations, Part 2, including communications made by me, to the individuals or organizations listed below, under the conditions listed below:

To: RECORDS DEPOSITION SERVICE, INC. Attention: \_\_\_\_\_

Address: PO BOX 5054 City: SOUTHFIELD State: MI Zip: 48086-5054

SPECIFIC INFORMATION TO BE DISCLOSED

P: 248.357.3330
f: 248.357.3337

- Intake, Psychological Reports, Weekly Daybreak Reports, Treatment Plan, Closing Report, Recommendations, Treatment Notes, Diagnosis, Progress Report/Prognosis, 3 Month Reviews, Monthly Aftercare Reports, HIV/AIDS, Psychiatric Reports, Attendance, including Promotion, Discontinued Reports, Other Communicable Diseases, Other (Specify), Drug Screen Results

PURPOSE FOR SUCH DISCLOSURE

- Coordination of Services, Legal/Court Proceedings, Vocational Planning, Treatment Planning, Insurance/Billing Verification, School Planning, Other (Specify)

This consent is subject to a written revocation at any time except in those circumstance in which the program has taken certain actions in reliance on such consent. However, this consent shall be valid no longer than is reasonably necessary to accomplish the purpose of the actions for which it was given.

With expressed written revocation, this consent will automatically expire upon the occurrence of any of the following specified dates, events or conditions:

- A) Date \_\_\_\_\_
B) Event \_\_\_\_\_
C) Condition \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Witness: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Witness: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_