



**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION**

**Section 1**

I authorize the use and disclosure of my protected health information as described below.

GROUP HEALTH PLAN NAME: \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Street, City, State, and Zip Code)

TELEPHONE NO: (area code) \_\_\_\_\_

EMPLOYEE OR SUBSCRIBER NAME: \_\_\_\_\_

SUBSCRIBER ID: \_\_\_\_\_

My protected health information is individually identifiable health information, including demographic information, collected from me or created or received by a health care provider, a health plan, my employer, or a health care clearinghouse and relates to: (i) my past, present, or future physical or mental health or condition; (ii) the provision of health care to me; or (iii) the past, present, or future payment for the provision of health care to me.

**Section 2**

The following individual or organization is authorized to release my protected health information:

Meritain Health

\_\_\_\_\_  
Name of Individual(s), Provider(s), or Organization(s): *For example, Meritain Health*

**Section 3**

The protected health information that may be used and disclosed is as follows:

\_\_\_\_\_

\_\_\_\_\_

*(Describe in as much detail as possible the protected health information that you wish to be used or disclosed. For example, all information related to my plan.)*

**Section 4**

The following Individual(s), Provider(s), or Organization(s) is authorized to receive my protected health information:

RECORDS DEPOSITION SERVICE, INC.

PO BOX 5054

SOUTHFIELD, MI 48086 - 5054

P: 248.357.3330

F: 248.357.3337

*(Please list the specific names if possible, i.e. spouse, children, parents, etc)*

**Section 5**

My protected health information will be used or disclosed for the following purpose(s):

At the request of the individual FOR DISCOVERY BEFORE TRIAL \_\_\_\_\_

\_\_\_\_\_

*(Describe the reason for each use and disclosure of the protected health information). If you do not wish to describe the purpose, you may indicate "at the request of the individual".*

