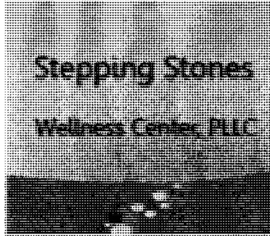

STEPPING STONES WELLNESS CENTER, PLLC
Dr. Denise L. Brooks, PsyD, LP
595 Forest Avenue, Suites 7A & 11A
Plymouth, MI 48170
P: 734.446.5466 F: 734.446.2716
www.steppingstoneswellnesscenter.com

AUTHORIZATION FOR THE RELEASE AND/OR EXCHANGE OF INFORMATION

Patient Name:		DOB:	
Information to be released by or exchanged with:			
Business:	RECORDS DEPOSITION SERVICE, INC.		
Name:			
Street Address:	PO BOX 5054		
City/State/Zip	SOUTHFIELD / MICHIGAN / 48086-5054		
Telephone Number: (248) 357-3330		Fax Number: (248) 357-3337	

Information to be released or exchanged:

	Attendance Records		Dates of Hospitalization		Mental Status
	Billing		Diagnoses		Progress Notes
	Chemical Recovery History		Discharge Summary		Psychological Test Report
	Consultation Reports		Educational Test Reports		Psychological Test Results
	Court/Agency Documents		Educational Test Results		Psychosocial Report
	Crisis Intervention Reports		Family Systems Evaluation		Therapist Orders
	Date of Intake		Insurance		Treatment Plans
✓	Other: PLEASE SEE ATTACHED SUBPOENA OR LETTER REQUEST				
	Other:				
Date authorization begins:			Date authorization ends:		

Signature: Client / Parent / Legal Guardian ______________________ Date ______________

Signature: Therapist ______________________ Date ______________