



- CHM HWH
- DRH KEI
- DSH RIM
- HUH SGH
- HVSH _____

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Patient Label

Authorization to Release Medical Information - Psychotherapy Notes Only

Patient Name _____ Date of Birth _____

Social Security # _____ Maiden/Other Name _____

Patient Address _____
Street City State Zip

Phone Number _____

I authorize HURON VALLEY SINAI HOSPITAL to release "psychotherapy notes" which he/she maintains about me which have been records as part of my treatment. Psychotherapy notes are writings (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversations that he/she and I have had during a private counseling session.

Name to whom information may be released: RECORDS DEPOSITION SERVICE, INC.

P.O. BOX 5054	SOUTHFIELD	MI	48086-5054
Address	City	State	Zip
	P: (248) 357-3330	F: (248) 357-3337	

Area Code Telephone

The Purpose and Need for Such Disclosure:

FOR DISCOVERY BEFORE TRIAL

Please include a statement as to how the information is to be disclosed is relevant to the purpose and need for such disclosure.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to my mental health professional as he/she may direct. While we may have already released the information based on your original authorization, we will not release any additional information after we receive your revocation. We will not condition treatment or payment based on this authorization or revocation of authorization unless otherwise allowed by law.

These psychotherapy notes will be disclosed only as specified in this authorization. This authorization will expire 120 days from the date of the signature, or once we have completed the disclosure(s) you've requested, whichever is shorter. This information may be subject to re-disclosure by the recipient and may then no longer be protected.

Signature of Patient/Parent/Personal Representative

Date

Print Name/Relationship to Patient