Business Health Services
CONSENT FOR RELEASE OF INFORMATION

I, (Print Name)_____ Social Security # _____-_____-_____
Phone Number (_____)_____ Date of Birth _____/_____/_____
(Previous Name if applicable) _____ authorize (Facility to Release Information) _____ to release information contained in my medical records, Or those of (Minor/Person unable to sign) including if any:

	Approved	Not Approved
• Information about the diagnosis or testing for:		
1. HIV (human Immunodeficiency Virus)	☐	☐
2. AIDS (Acquired Immunodeficiency Syndrome)	☐	☐
3. ARC (AIDS Related Complex)	☐	☐
• Information about alcohol and drug abuse treatment (Protected under the regulations in Code 42 of Federal Regulations, Part 2):	☐	☐
• Information about mental health services and social services, including communications made by me to a social worker or mental health professional:	☐	☐

To the individuals or organizations listed below, under the conditions listed below:

Name and address of person(s) or organization(s) to receive information:

RECORDS DEPOSITION SERVICE, INC.
PO BOX 5054
SOUTHFIELD, MI 48086-5054
P: 248.357.3330
F: 248.357.3337

Specific information to be released: _____
_____
Dates of Service requested: _____
Employer at time of service: _____

The purpose and need for the release of information (as checked below):

- ☐ Continuation of Care
- ☐ Disability Determination
- ☐ Insurance/Billing
- ☐ Legal Follow-up
- ☐ School
- ☐ Workers' Compensation
- ☐ Employment/Prospective Employment
- ☐ Family/Significant other Involvement in Treatment
- ☒ Other (Must Specify)
  FOR DISCOVERY BEFORE TRIAL

This authorization expires (insert date, condition or event) _____
Or it expires six (6) months after it is signed, if no other expiration is specified above.

I may revoke this consent in writing at any time, except for circumstances in which information has been released prior to the revocation.

Signature of Patient: _____ Date: _____

Signature of Witness: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Fax to: (330) 637-5223 **To the Attention of: BHS Medical Records**

Note: *The medical records for Business Health Services are stored at a remote location. Retrieval will take more than one week. We are sorry for any inconvenience this may cause.*