				CITYSTATEZIP		
			TELEPHONE NUMBER			
Please spe	cify treatment o	lates and check the appropriate bo	x of the type	of PHI to be rele	ased.	
Treatment	dates			or 🗖 All tre	atment dates with HR	HS
	0000	History and Physical Consultation Reports Surgery Reports Radiology / Imaging Reports Behavioral Health	0 0 0	Emergency Depa Discharge Summ Cardiac Test Res Laboratory Resu Other	ary ults/EEG Results	
Send or rel	ease the PHI to:					
		DEPOSITION SERVICE, INC.	TELEP	HONE NUMBER_	P: 248.357.3330	F: 248.357.3337
ADDRESS	PO BOX 508	54	CITY _	SOUTHFIELD	STATE MI	ZIP 48086 - 50
I am releasi	ing the PHI for:	☐ Treatment☐ School collaboration☐ Insurance		☐ Disability ☐ Litigation ☐ Other		
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Kokomo, Indiana

AUTHORIZATION TO RELEASE HEALTH INFORMATION

DP 60159 Revised: 7/1/2008

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