



HVA - JCA - MCA - LCA - ACA - LIFECARE AMBULANCE

Huron Valley
Ambulance

Jackson
Community
Ambulance

Monroe
Community
Ambulance

Lenawee
Community
Ambulance

Albion
Community
Ambulance

LifeCare
Ambulance

1200 State Circle Ann Arbor, MI 48108 | Phone: 734-477-6366 | Fax: 734-477-6776

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Date of request: _____

Patient name: _____ Date of birth: _____

Date(s) of service: _____

Specific records for which access is requested: _____

Requesting to: See the records
 Receive a copy of the records
 See and receive a copy of the records

I, the undersigned, hereby authorize EMERGENT HEALTH PARTNERS to show or release protected health information (PHI) on the patient listed above to the following parties: _____

By signing this document, I authorize a copy of this form to be used with the same effect as an original.

Patient Signature

Date

Parent/Legal Guardian Signature

Date

For deceased patient: Personal Representative Signature

Date

Mail or fax documents to: RECORDS DEPOSITION SERVICE, INC.

Address: P.O. BOX 5054 City/State/Zip: SOUTHFIELD, MI 48086-5054

Fax #: 248.357.3337 Contact Phone #: 248.357.3330

THIS DOCUMENT MUST BE NOTARIZED

Notary Public - place seal in this area

Subscribed and sworn to me on: _____

Notary Public Signature

Commission Expires