

PATIENT’S AUTHORIZATION FOR WRITTEN DISCLOSURE OF HEALTH INFORMATION

Name:	Number:	D.O.B.
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(PRINT OR TYPE FULL NAME OF PATIENT)

Information to be released from:

Facility:	Address:
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Information to be released to:

Records Deposition Service	Address 29100 Northwestern Hwy., Ste. 300 Southfield, MI 48034 F (248) 357-3337 E requests@recddep.com	Organization (if applicable)
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SPECIFIC DATES OF INFORMATION TO BE RELEASED:

Beginning Date: _____ Ending Date: _____ (Future Date not Permitted)

SPECIFIC INFORMATION: Medical Dental Mental Health Complete Health Record

Other – Specify: _____

Purpose of Release:

Juvenile Lifer Resentencing Release

By signing this form, I attest that the records I request to be released, including alcohol, substance abuse, mental health status,¹ and serious infectious and communicable diseases (e.g., venereal diseases, tuberculosis, Hepatitis C, HIV infection)² may be protected under State of Michigan and Federal confidentiality laws, rules, or regulations, and that disclosure may not occur without my written consent.

I acknowledge the right to revoke this authorization in writing at any time. This authorization pertains solely to the fulfillment of the above request. This release expires one year from the date of signature, except for a resentencing release for juvenile lifers, which expires two years from the date of signature.

I have read, understand, and acknowledge the terms and conditions of this authorization.

I CONSENT TO THE DISCLOSURE OF THE ABOVE DESCRIBED INFORMATION CONTAINED IN THE HEALTH RECORD IDENTIFIED ON THIS FORM.

Date:	PATIENT / MINOR’S PARENT / GUARDIAN / MEDICAL POWER OF ATTORNEY SIGNATURE
Date:	WITNESS SIGNATURE

1 Prohibition of Redislosure: This information has been disclosed to you from records whose confidentiality is protected by Federal and State Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose (21 USC 1175; 42 USC 4582).

2 Michigan Public Health Code (MCL 333.1101 et seq.); Medical Records Access Act (MCL 333.26261 et seq.). 2014-2015 Appropriation Bill.