

MICHIGAN DEPT. OF ENERGY, LABOR AND ECONOMIC GROWTH
REHABILITATION SERVICES

CONSENT TO RELEASE PERSONAL INFORMATION

I, _____, _____, _____
(Client's Name) (Birthday) (last 4 digits of Soc. Sec. No.)

give my consent to Michigan Rehabilitation Services to release the following information or records, except where prohibited by law, for purposes directly connected to my vocational rehabilitation.

- Information about my disability, including if applicable, information regarding alcohol and drug abuse protected under 42 CFR, Part 2.
- Records regarding the diagnosis and treatment of HIV/AIDS or other communicable diseases defined by Public Act 174 of 1989.
- Medical Records
- Results of a work evaluation; results of a skill, aptitude, or achievement tests; or reports regarding my performance in a training program.
- Accommodation prescriptions and recommendations.
- Case notes
- Other (describe): _____

his information may be released to:

- Any employers Michigan Rehabilitation Services may contact on my behalf.
- The following organization, individual, or specific employer: **RECORDS DEPOSITION SERVICE, INC.**
PO BOX 5054 P: 248.357.3330
SOUTHFIELD, MI 48086 - 5054 F: 248.357.3337

The purpose of this release is for:

- Conducting an assessment or evaluation
- Planning Accommodations
- Aiding my participation in training
- Providing Treatment
- Helping me develop or maintain a job
- Providing Equipment
- Other (describe): FOR DISCOVERY BEFORE TRIAL

This consent to release personal information is valid until the date, event, or condition I describe below.

(Event, Condition or Expiration Date)

I may revoke this authorization in writing except to the extent that action has been taken in reliance on it. I also understand that I am not required to sign this release, but by doing so I can help myself get the services I need.

Client Signature	Date
Parent or Guardian Signature (Where Required)	Date