

METRO RECORDS SUBPOENA SERVICE

19775 Washtenaw • Harper Woods, Michigan 48225

Phone: 313-372-6525 Email orders: metrorecords@comcast.net

AUTHORIZATION FOR RELEASE **OF HEALTH INFORMATION (HIPAA COMPLIANT)**

Facility Name:

Facility Address:

Patient Name:

Date of Birth:

SSN:

I, the undersigned hereby authorize the above named facility, its directors or agents, to disclose information and records of the person identified above, which includes information that may be stored in a paper and/or electronic format. I authorize my information to be released to: **Metro Records Subpoena Service.**

For the purpose of legal discovery, reproduction and distribution in the course of litigation. This authorization shall permit the listed recipient to examine, photocopy and/or receive any records or information pertaining to the above named individual.

Specific records to be disclosed are those records in your possession pertaining to the above mentioned person birth to present, this includes, but is not limited to any condition(s), treatment(s), opinion(s), illness(es), injury(ies), medical history, consultation(s), prescription(s) and billing(s) regarding the above named, including alcohol and drug abuse records protected under the regulations in 42 Code of Federal Regulations, part 2, psychological/psychiatric and social work records, and any information regarding communicable diseases and infections as defined by the Michigan Department of Public Health rules which can include venereal disease, tuberculosis, HIV, AIDS or ARC, and psychological service and social service records including communications made to a social worker, psychologist, or psychiatrist, if any.

I understand that the information used or disclosed pursuant to this authorization may be disclosed and reproduced by the recipient through the course of the pending litigation and may no longer be protected by the Federal Privacy Rules or other such applicable laws.

The forgoing authorization shall continue in force for 1 year from date of signature, or until revoked by me in writing. I understand that I may revoke this consent at any time, in writing to the facility and recipient identified above, except to the extent that action has already been taken to comply with it.

A copy of this authorization shall be as valid as the original.

Date: _____

Signature: _____

Personal Representative/Parent/Legal Guardian: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public: _____