



AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

- | | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> Ann Arbor
501 N. Maple Rd.
Ann Arbor, MI 48103 | <input type="checkbox"/> Bloomfield Hills
2520 S. Telegraph Rd.
Bloomfield Hills, MI 48302 | <input type="checkbox"/> Center Line
26522 Van Dyke Ave.
Center Line, MI 48015 | <input type="checkbox"/> Clarkston
6549 Town Dr.
Clarkston, MI 48346 | <input type="checkbox"/> Clinton Township
42669 Garfield Rd.
Clinton Twp., MI 48038 |
| <input type="checkbox"/> Farmington Hills
32961 Middlebelt Rd.
Farmington Hills, MI 48334 | <input type="checkbox"/> Flint
2401 South Linden Rd.
Flint, MI 48507 | <input type="checkbox"/> Kalamazoo/Portage
8225 Moorsbridge Rd.
Portage, MI 49024 | <input type="checkbox"/> Lansing/Okemos
2300 Jolly Oak Rd.
Okemos, MI 48864 | <input type="checkbox"/> Livonia (main)
29550 Five Mile Rd.
Livonia, MI 48154 |
| <input type="checkbox"/> Livonia/Schoolcraft
31500 Schoolcraft Rd.
Livonia, MI 48150 | <input type="checkbox"/> Port Huron
500 10th Ave., Suite A
Port Huron, MI 48060 | <input type="checkbox"/> Southfield
26545 American Dr.
Southfield, MI 48034 | <input type="checkbox"/> Southgate
13305 Reeck Rd.
Southgate, MI 48195 | <input type="checkbox"/> Warren
8150 Old 13 Mile Rd.
Warren, MI 48093 |

THERE MAY BE A FEE ASSOCIATED WITH DOCUMENTATION REQUESTED. SEE FEE SCHEDULE BELOW FOR DETAILS.

Consumer's name: _____
(include maiden name and/or other names consumer is known by)
Date of birth: _____ Phone number (include area code): _____

New Oakland Family Centers is authorized to release or exchange information with:

(person or name of organization) (relationship to consumer)

(street address) (city) (state) (Zip code)

(phone #) (FAX #) (email address)

Purpose for which the information is to be used (i.e., Medical Record Request, Coordination of Care): _____

Specific information to be disclosed/obtained:

- Discharge summary** **Psychological evaluation** **Psychiatric evaluation** **Initial/readmission evaluation** **Other** _____

I understand that, information related to substance abuse and/or communicable diseases, may be contained in the records requested above, unless the following is checked:

- Substance abuse information protected under the regulations in 42 Code of Federal Regulations, Part 2
 Information about communicable diseases, serious communicable diseases and infections as defined by statute and the Michigan Department of Public Health rules which include venereal disease "VD", tuberculosis "TB", hepatitis, human immunodeficiency virus "HIV", acquired immunodeficiency syndrome "AIDS", and AIDS related complex "ARC"

This consent automatically expires in one year unless otherwise specified: _____

I may withdraw this consent in writing at any time except to the extent that action has been taken to comply with the authorization.

My signature indicates that I know what information is being disclosed and/or obtained and to whom and for what purpose it is being disclosed/obtained. I understand that mental health treatment services do not depend on my signing this release. My signature also indicates that I have read this form or had it read to me in language I understand.

Signature of consumer _____ **Date:** _____
Signature of minor (over 14) _____ **Date:** _____
Signature of legal guardian/parent of minor _____ **Date:** _____

This authorization is valid only for the information, agencies and persons cited above. Redislosure of this information is not permitted without further specific authorization. This form is in compliance with Title 42 of the Code of Federal Regulation, Part 2; Title 45 of the Code of Federal Regulation, Part 160 & 164; part 61 of Michigan Public Act 368 of 1978; and Michigan Public Act 258 of 1975, Section 748.

Medical Record Fees (applies to all requests not listed under statutory fees):

Retrieval fee/Initial fee	\$32.08	Pages 21-50	\$.80/page	Postage/shipping costs	Actual cost
Pages 1-20	\$1.60/page	Pages 51 and over	\$.32/page		

Statutory Fees:

Worker's Compensation	\$4.45/page; \$2.50/each 15 minute prep fee; and cost of postage
Disability Determination Services/SSI (if request is not directly from SSI)	\$25.00 FLAT FEE
Department of Human Services (requests not covered by other laws)	\$5.00:1-5 pages \$5.00+\$.25/page 6 or more pages plus postage
Family Medical Leave (FMLA) forms and other insurance forms	\$25.00 FLAT FEE
Letters (other than for continuing care)	\$25.00 for 1 page; \$5 each additional page

Other Information:

- Continuing care requests: No charge (this includes information to CMH boards)
- An indigent individual may receive copies of their records at no charge. This is limited to one (1) set of copies. The individual must provide proof of being indigent (i.e. recipient of assistance must provide a current Medicaid/ Medicare, etc.)

NOTE: All reasonable charges, are in accordance with Michigan's Medical Records Access Act, Public Act 47 of 2004, and will be paid promptly. The Act provides that a health care provider cannot charge the consumer the initial retrieval fee for their own records. However, they can be charged the per page fee.