HIPAA Authorization for Release of Protected Health Information
(for use in a judicial proceeding only)

This Authorization for the release of Protected Health Information is directed to the Privacy Officer of General Orthopedics, P.C., 5210 Highland Road, Suite 204, Waterford, Michigan 48327.

The undersigned hereby authorizes the release of the following Protected Health Information, as defined by the Health Insurance Portability and Accountability Act of 1996 (*describe the Protected Health Information to be released with specificity, including dates of service, etc. (use attachment if necessary), and attach the subpoena, if applicable, and other information setting forth the specific request*):

_____

_____

_____

_____

The Protected Health Information described above shall be released to the following Requesting Party (*provide name(s) of individual(s), and firm, company, etc. name*): RECORDS DEPOSITION SERVICE
PHONE#: (248) 357-3330
located at: P.O. BOX 5054, SOUTHFIELD, MICHIGAN 48086-5054.

I hereby authorize General Orthopedics, P.C. to release the Protected Health Information described above to the Requesting Party set forth above. Additionally, I acknowledge that I have the right to inspect or copy my Protected Health Information as permitted by federal law, I have the right to refuse to sign this Authorization, and I have a complete understanding of the following:

1. The Protected Health Information described above will be released for the purpose of a judicial proceeding that is referenced in the attached materials (*attached appropriate materials referencing the judicial proceeding, including the subpoena, if applicable, and other information enabling the undersigned to view the request and file an objection*), which I have reviewed and understand;
2. I have been given the opportunity to raise an objection to the Court regarding the release of my Protected Health Information;
3. Either I have chosen not to raise an objection to the Court, or any objections that I have raised have been resolved by the Court and the release of the Protected Health Information is consistent with that resolution; and
4. The time for raising any further objections has hereby elapsed.

Signature: _____
Type or print name: _____
Social Security #: _____
Date of Birth: _____
Date: _____

Subscribed and sworn before me this
_____ day of _____, 200_

_____
Notary Public
_____ County, Michigan
My Commission Expires: _____

Personal Representative information, if applicable:
Signature: _____
Type or print name: _____
Description of authority: _____
Date: _____