

PRIVACY RELEASE FORM

The State of Michigan Privacy Policy and HIPAA Privacy Regulations may prevent a state agency from releasing personal information without receiving express written permission from the individual.

Please print.

Name: _____ Date of Birth: ____ / ____ / ____

Street Address: _____ Apt. #: _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____ Business phone _____

Email Address _____

How do you prefer to be contacted? _____

Social Security Number: _____ VA Claim Number: _____

Other numbers identifying your case: _____

Types of benefits you are seeking: _____

Date and Place claim was filed: _____

State Department(s) Involved: _____

Note: If the issue involves the Michigan Department of Health and Human Services and the disclosure of medical records the attached form will also need to be completed.

Please provide a brief description of the problem and attach additional sheets, if necessary:

I, the undersigned, hereby authorize the release of all pertinent information to and by Representative Brad Paquette or any authorized member of his staff to make an inquiry on my behalf.

Signature: _____ Date: _____

Please print and return signed form to: