HIPAA RELEASE AND AUTHORIZATION

I, _____ (hereinafter referred to as the "Patient"), do hereby appoint the following person or persons, in the following descending order of appointment listed below, to serve as my Agent and Attorney-in-Fact ("Agent") and to exercise the powers set forth under this instrument:

i. _____ as Co-Agent #1

ii. _____ as Co-Agent #2

The Patient hereby authorizes any of the Co-Agents to act on his or her behalf without consent of the other Co-Agent. If a Co-Agent shall be unable or unwilling or unavailable to serve or to continue to serve, then the remaining individual Co-Agent(s) shall serve as Co-Agents or the sole Agent.

If a designation is executed during my marriage naming my spouse as the Agent, the designation shall be suspended during the rendering of an action for separate maintenance, annulment or divorce and shall be revoked upon the entry of judgment of separate maintenance, annulment or divorce, unless Patient has named a successor individual to serve as Agent, in which case, such individual shall act as Agent.

Any physician, health-care professional, dentist, health plan, hospital, clinic, psychologist, laboratory, pharmacy, medical facility, or other covered health-care provider, any insurance company, the Medical Information Bureau, Inc. and any medical information collection bureau or other health-care clearinghouse (hereinafter referred to as "health-care provider") that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, is hereby authorized to give, disclose and release to my Agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse.

I intend for my Agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC 1320d and 45 CFR 160-164, and all other applicable state and federal law. My Agent shall have the authority to sign any authorization required pursuant to HIPAA or any other state or federal law, in order to obtain access to protected health information about me and any other consent that might be required to authorize the release, use or disclosure of such confidential health information.

The purpose of the use and disclosure shall include, but is not limited to, assisting my Agent in monitoring my health care, sharing my health care status with family and friends for my benefit, assuring my maximum access to health care rights and government benefits, monitoring my health care to protect my legal rights, and providing information to: (i) my agent(s) under my general durable power of attorney; (ii) any trustee then serving pursuant to any trust agreement established by me or for my benefit; and (iii) my lawyer or other professional acting on my behalf.

In the event that my Agent named herein resigns or is removed from serving as my Patient Advocate pursuant to my Patient Advocate Designation referenced above, then I appoint the successor Patient Advocate(s) named in that Patient Advocate Designation to serve as my Agent(s) and Attorney(s)-in-Fact under this instrument.

DISCLAIMER: *All materials have been prepared for general information purposes only to permit you to learn more about our firm, our services and the experience of our attorneys. The information presented is not legal advice, is not to be acted on as such, may not be current and is subject to change without notice. Communication of this document by, in, to or through this Web site and your receipt or use of it (1) is not provided in the course of and does not create or constitute an attorney-client relationship, (2) is not intended as a solicitation, (3) is not intended to convey or constitute legal advice, and (4) is not a substitute for obtaining legal advice from a qualified attorney. You should not act upon any such information without first seeking qualified professional counsel on your specific matter. The hiring of an attorney is an important decision that should not be based solely upon Web site communications or advertisements.*

The authority given my Agent shall supersede any prior agreement that I may have made with my health-care providers to restrict access to or disclosure of my individually identifiable health information. I understand that once information is disclosed pursuant to this Authorization, it is possible that such information will no longer be deemed protected and could be re-disclosed by my Agent. I authorize but do not require my Agent, in his or her sole discretion, to make such secondary disclosure(s) to such persons, organizations, firms, corporations and/or institutions as my Agent, in good faith, believes is appropriate and in my best interest.

The authority given my Agent, or any successor agent as provided hereunder, has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health-care provider. Such notice shall be delivered to my health-care provider and is not effective until my health-care provider receives it. I understand a written revocation is not effective with respect to actions my health-care provider took in reliance on this Authorization.

I have signed and delivered this HIPAA Release and Authorization on _____.

WITNESSES:

_____ _____
PATIENT

_____

STATE OF)
:ss
COUNTY OF)

On _____, before me, a Notary Public in and for said county, personally appeared _____, to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged to me that she executed the same as her own free act and deed.

_____

Notary Public, _____ County, Michigan
My commission expires:
Acting in _____ County, Michigan

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