

AUTHORIZATION TO DISCLOSE BLOOD LEAD TEST RESULT DATA:

Michigan Department of Health and Human Services

Directions: Type or Print all requested information, with exception of signatures on Page 2.

Individual's Name (Beneficiary, Recipient, Patient, Consumer, etc.) <i>Diane Elaine Shaffer</i>			Individual's Gender <i>Female</i>
Street Address <i>2023 O'Brien Rd</i>			Individual's Date of Birth <i>7/25/52</i>
City <i>Mt. Morris</i>	State <i>Mi</i>	ZIP Code <i>48458</i>	Phone <i>(810) 835-8413</i>

I AUTHORIZE THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS) TO SHARE MY HEALTH INFORMATION:

All blood lead test results on record after April 1, 2014. The Court-appointed Claims Administrator will keep the test results confidential and will use the information only for purposes of administering the claim, and copies of the test results provided will be destroyed when no longer needed by the Claims Administrator.

MDHHS MAY SHARE MY HEALTH INFORMATION WITH THE FOLLOWING PERSON OR ORGANIZATION:

Archer Systems, LLC

Name of Person/Organization

1775 St. James Place, Suite 200

Street Address

Houston, Texas 77056

City, State, ZIP Code

(800) 493- 1754

Phone Number

MDHHS WILL SHARE MY BLOOD LEAD TEST RESULTS FOR THE FOLLOWING REASON:

Blood lead test results will be shared with the Court Appointed Claims Administrator to provide proof of blood lead tests for the purpose of making a claim for compensation in the Flint Water Settlement.

