

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Re: Patient :
Birthdate :
Address :

I, the undersigned, being the above-named person or the person legally responsible for said person, hereby authorize and direct:

to furnish to my attorneys:

MEYERS EVANS & ASSOCIATES, LLC.
Suite 3200 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
412-281-4100

any and all documents or other items requested by my attorneys: a full and complete record of any hospitalization, including but not limited to history, charts, diagnosis, prognosis, x-ray reports, laboratory reports, progress notes, consultations reports, x-ray films, anesthesia records, tissue samples, slides, photographs, appliances, bill for services, etc. and *any and all* records, including history of treatment, diagnosis, prognosis of the case, including records and/or any other information received or requested from any other health care provider and *any and all* other information which may be requested concerning the case to the said attorneys, **AS FURTHER DETAILED IN OUR CORRESPONDENCE TO YOU.**

Should my file/records contain any HIV-related information, drug and alcohol information and psychological or psychiatric information, you are instructed to release this information to my attorneys.

I understand that I may withdraw my permission at any time by written request (except for information already disclosed.) I further understand that recipients may re-disclose information that I have authorized them to receive which information will no longer be protected by the privacy laws.

I understand that signing or not signing this form will not affect treatment I receive in any way.

Please release the information requested for the dates _____

This information is being requested for the purpose of litigation.

A photostatic or other exact reproduction of this authorization shall have the same force and effect as the signed original.

X _____ Date _____

If signed by anyone other than named person – PLEASE PRINT YOUR NAME and identify your relationship or status to the named person (parent, guardian, personal representative, administrator/Administratrix, executor/executrix, etc.)

This authorization is valid for 90 days after the date it is signed.