

**AUTHORIZATION TO RELEASE CONFIDENTIAL RECORDS**

I, \_\_\_\_\_, hereby authorize each and every physician; medical practitioner; hospital; clinic; dispensary or facility; provider of health care; insurance company; employer; educational institution; governmental agency, whether it be Federal, State, or Local; to allow \_\_\_\_\_, Attorney at Law, and/or his employees, agents, copy service, legal representative to **REVIEW, INSPECT, COPY and/or PHOTOCOPY** any and all of the following in your possession or control pertaining to my child \_\_\_\_\_:

1. X-Rays, films and reports;
2. Medical reports, records, charts, physician orders, laboratory records, autopsy reports;
3. Records related to accounts, billings and fees; and/or
4. Personnel, attendance, employment, payroll and wage records of my employer or schools.

The above information is being obtained to assist in evaluating and/or prosecuting my claim for benefits or damages. I also authorize Plaintiff Attorney to request written medical reports and to discuss my injuries with my health care providers.

**NOTE: This is a release for my attorney to obtain access to my records. This release is not a request for the information. If such information is actually requested, the request will be made separate from this release form.**

Dated: \_\_\_\_\_ day of \_\_\_\_\_, 2001.

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security No: \_\_\_\_\_