

**AUTHORIZATION (UNDER HIPAA) FOR RELEASE OF PATIENT-IDENTIFIABLE  
HEALTH INFORMATION**

**NOTE: THIS AUTHORIZATION IS PROVIDED BY THE PATIENT AS REQUIRED FOR LITIGATION PURPOSES. CURRENT COURT DECISIONS REQUIRE THAT AUTHORIZATION BE PROVIDED ALLOWING DEFENSE COUNSEL TO INTERVIEW THE PATIENT'S HEALTH CARE PROVIDERS. THIS AUTHORIZATION DOES NOT IN ANY WAY REQUIRE THE HEALTH CARE PROVIDER TO CONSENT TO AN INTERVIEW.**

The patient wishes that you do not consent to this interview, but that should you decide to allow this interview, you do so with the attorney for the patient present. Further, any discussion with counsel is entirely voluntary and limited in scope to the particular medical condition at issue in the litigation.

Patient Name:

Date of Birth:

Social Security No:

1. I authorize the use and/or disclosure of the above named individual's health information as described below:

2. The following individual or organization is authorized to make the disclosure and may not set forth any conditions regarding treatment or payment by the individual signing this authorization:

3. The type of information to be used and/or disclosed is as follows:

**entire record (including billing information);**

The dates of treatment for which the above checked information is to be disclosed is from **DATE** to the date this authorization is signed, inclusive.

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

*name of deft law firm* for the purpose of: Litigation and/or preparation for Litigation/potential Litigation.

**This authorization allows the providing of records and notes and allows BUT DOES NOT REQUIRE the above listed medical provider to discuss this matter with *name of deft law firm***

**This authorization is contingent upon *name of deft law firm* providing copies of all documents obtained through the use of the authorization, to *name of plaintiff law firm* Under no circumstances are original records/films to be released pursuant to this authorization.**

**6. I understand I have a right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing by delivering such revocation to the Privacy Officer or equivalent of the above-referenced provider. I understand that said revocation will not apply to information which has already been released in response to this authorization. This authorization will expire six (6) months from the date of my signature.**

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

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Date

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Witness

Date

DATE

Re:

DOB:

Dear Dr. :

As you know, this office represents for injuries he sustained as a result of .

I am writing to advise you that you will likely be receiving an authorization soon from the *name of deft law firm*, along with their request to speak with you concerning our client. Until recently, a patient/plaintiff did not have to provide these authorizations to the defense attorneys allowing them to contact a treating physician without the patient/plaintiff and/or his/her attorney being present. However, based on a recent court decision, a patient/plaintiff cannot refuse to provide these authorizations.

The purpose of this letter is to let you know exactly what the court decision has held, so that you are fully informed when you make the decision of whether or not you want to speak with the defense attorney from Carter Conboy's office. The pertinent parts of this court decision are as follows:

- 1.You have the absolute right to refuse to participate in this "interview/discussion" with the defense attorney from *name of deft law firm*;
- 2.When the defense attorney's office contacts you for this interview/discussion, he/she must make his/her and his/her client's identity and interest known to you;
- 3The defense attorney's office must also make clear that any discussion with counsel is entirely voluntary and limited in scope to the particular medical condition at issue in the litigation.

While we cannot tell you not to communicate with the defense attorney's office concerning our client, please be advised that our client and his family wish that you would choose to not speak with the defense attorney's office. However, should you decide to speak with them anyway, our client and his family would ask that you advise the defense attorney that you will not speak with them without someone from this office being present during the interview/discussion. This is something that you can certainly ask be accommodated before you speak with the defense attorney's office.

Thank you for your cooperation in this matter. If you would like to discuss this issue further, please do not hesitate to contact me.

Very truly yours,