

TO: _____

RE: _____
DOB: _____
SS#: _____

I hereby authorize you to disclose my protected health information to and to participate in a voluntary interview with:

In defending against the lawsuit I have filed against _____, the defendant is entitled to seek to interview witnesses with relevant information. Your participation in any such interview is entirely voluntary. You have the right to have my attorney present at the interview.

You may disclose protected information reasonably related to the medical condition I have place in issue by my lawsuit. That condition relates to:

This authorization may be revoked by me at any time, and expires 120 days from the date I execute the authorization as indicated below. If you have questions relating to the scope of this authorization, you may contact your own attorney or my attorney:

Patient signature: _____ Date: _____