LAW OFFICE OF
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ATTORNEYS AT LAW
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AUTHORIZATION TO RECEIVE OR RELEASE CONFIDENTIAL INFORMATION

TO:
RE:

I have retained RUBEN M. RUIZ, to represent me in connection with a claim for damages as a result of injuries sustained on _____.

You are authorized to release the following information to my attorneys or their agents, _____, pursuant to California Civil Code, § 56, et seq., and California Evidence Code, § 1158.

___ Police reports, records and/or photographs.

___ Medical reports, records, and billing records, including the right to inspect, review and make photostatic copies of all hospital and medical records pertaining to diagnosis, care and treatment of _____.

___ Department of Social Security and Employment Development Department Records and all Social Security records regarding employers and wages:

___ All employment records.

These records are requested for the sole and exclusive use of my attorneys. They will use these records only in furtherance of the matter for which I have retained them.

All prior authorizations are hereby revoked. This Authorization shall remain effective for five (5) years from the date herein.

Photocopies of this Authorization are as valid as the original.

I acknowledge my right to receive a copy of this executed Authorization.

Date of Birth:_____ Date of Accident:_____

_____ _____
Date Signature

I also hereby specifically consent to the release of any and all alcohol and/or drug abuse psychiatric treatment records under the same terms and conditions as above.

_____ _____
Date Signature