



AUTHORIZATION

TO WHOM IT MAY CONCERN AND ANY CUSTODIAN OF RECORDS:

I hereby authorize you to and request that you disclose to my attorney or his representatives any and all information you may have concerning me when he so requests you to do so and presents this authorization or a photocopy thereof.

This authorization is intended to apply to all my records you have in your possession or custody including, but not limited to, Public Records, Highway Patrol Reports, Police Reports, Sheriff Reports, State Reports, Federal Reports, County Reports, Municipal Reports, Employment Records, Records of consultation, charts, diagnosis, prognosis, prescriptions, treatments, opinions, x-ray plates, C.A.T. Scan Reports, interpretations of tests or procedures and all hospital or clinical records of any types. This authorization is valid until such time that it is rescinded and I have been offered a copy. This authorization also applies to any mental or psychological health records.

Photocopies of any of these records may be taken and submitted in lieu of originals.

_____ This authorization is valid only for records pertaining to and related to an accident on _____, 20____ (must be checked off in order apply).

Thank you for your cooperation.

Dated: _____ Signature: _____

This authorization is made in compliance with the Confidentiality of Medical Information **Act of 1980 of California Civil Code 56**, et seq., and all other controlling statutes.

_____	_____	_____
Print Name:	Date of Birth	Social Security Number
Driver's License No.: _____	State: _____	Expiration Date: _____

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