

AUTHORIZATION FOR RELEASE OF LEGAL FILES

TO (fill in name and address of law firm):

You are hereby authorized to release any and all documents, including but not limited to pleadings, correspondence, notes, medical records and reports, investigative reports, and all other information written or otherwise recorded, contained in the file of (or relating to my legal case involving)

\_\_\_\_\_, to the Law Firm of Carl Kiss, 888 S.W. Fifth Avenue, Suite 650, Portland, OR 97204, or to any representative, attorney or investigator from said firm. I specifically authorize the release to said individuals of information pertaining to confidential attorney-client communications, medical treatment, drug and alcohol abuse and related treatment, and psychological and psychiatric treatment, if such are a part of your records.

THIS AUTHORIZATION HEREBY REVOKES ANY AND ALL PRIOR AUTHORIZATIONS TO RELEASE INFORMATION CONCERNING ME, EXCEPT AUTHORIZATIONS PROVIDED BY LAW. YOU ARE REQUESTED TO DISCLOSE NO INFORMATION TO ANYONE ELSE WITHOUT MY PRIOR WRITTEN AUTHORIZATION.

DATED this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Name (Printed)