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THE LAW OFFICES OF JULIAN SANDERS & ASSOCIATES, LLC

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AUTHORIZATION TO RELEASE RECORDS, INFORMATION AND DATA

Patient Name: _____

Social Security Number: _____

DOB: _____

Dates of Treatment: _____

To: _____

Provider of Treatment: _____

It is my intent that **The Law Offices of Julian Sanders and Associates, LLC** have full and complete access to any and all records, information and data including but not limited to hospital records, nursing home records, doctor records, dental records, psychiatric records, drug, treatment records, therapy records, diagnostic studies, lab studies, as well as any and all other records, information or data that would describe care, treatment or services rendered to the above described Patient by any health care provider or mental healthcare provider. I understand that the Health Insurance Portability and Accountability Act of 1996 (HIPAA), HIPAA regulations, as well as other Federal and State laws and regulations, create a right of privacy that is associated with the records, information and data covered by this release. So that **The Law Offices of Julian Sanders and Associates, LLC** may better advise me, and consistent with 45 CFR § 164.805, I expressly make a limited waiver of my privacy right for the purpose of giving **The Law Offices of Julian Sanders and Associates, LLC** access as follows.

1. **The information to be disclosed is as follows:** I expressly authorize **The Law Offices of Julian Sanders and Associates, LLC** to request any and all records, information, films or other data (regardless of how those items are identified) (including but not limited to: **medical bills**, hospital records, office records, progress

notes, doctor's notes, doctor's notes, nurses notes, ultrasounds, CT Scans, MRI's EEG's, x-ray film and reports, test and lab results and any other records or film) related to any and all care, treatment or services provided for the above identified Patient's physical health, mental health, or psycho-social health. Throughout the remainder of this Release, I collectively refer to all Patient's records, information, and data as the "Records." This release is intended to be general, full and all-encompassing so that **The Law Offices of Julian Sanders and Associates, LLC** can access, without limitation, any and all Records that might help them.