

# MORGAN & MORGAN

September 28, 2022



11785192

David Bennett DC  
901 Douglas Ave STE 100  
Altamonte Springs, FL 32714

**Re: Preston Blair -- Training Matter**

<b>Our Client:</b>	<b>Preston Blair</b>
<b>Date of Accident:</b>	<b>4/22/2021</b>
<b>Date of Birth:</b>	<b>5/2/1984</b>
<b>SSN:</b>	

To Whom It May Concern:

This firm has been retained by **Preston Blair** to represent him / her in the above-referenced claim. In accordance with the enclosed Medical Authorization form, please furnish the selected items at your earliest convenience. Should there be a charge for these items, please provide our office with an invoice, including your tax identification number, and we will remit the same. **In the event that the amount of your invoice exceeds \$100.00 you must obtain our written authorization prior to sending the selected item on the attached Medical Authorization.**

If you have any questions, or wish to discuss this matter more fully, please contact me directly.

Thank you in advance for your cooperation and assistance.

Sincerely,  
Preston Blair

Case Manager to Brian Cartrette Esq.  
pblair@forthepeople.com  
(901) 333-1823- Direct  
(901) 524-1787- Direct Fax

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION  
(PHI) UNDER HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT  
(HIPAA)**

1. The undersigned patient named below, hereby executes this authorization in compliance with the Federal Health Insurance Portability and Accountability Act, HIPAA, 45 CFR 164.104.

2. This authorization is directed to the following healthcare provider, (including its agents, employees and associates):

David Bennett DC  
901 Douglas Ave STE 100  
Altamonte Springs, FL 32714

The above-named healthcare provider is requested to release the protected health information (PHI) that is described below, to the patient's representative,

3. The protected health information released herein is specifically as follows:

**Paralegal: Preston Blair  
Morgan & Morgan, P. A.,  
80 Monroe Avenue, Suite 900  
Memphis, TN 38103**

4. The protected health information released herein is specifically as follows:

All medical information of any nature whatsoever, from any source whatsoever, which is maintained by you in your records regarding the referenced patient and which is requested by my attorneys. If you are a physician or out-patient clinic, you are authorized to send your entire chart upon their request, including not only the records dictated or written up by you, but also handwritten notes, telephone memoranda, outside records, correspondence, or any other tangible item maintained in my chart.

If you are a **hospital**, you are authorized to release my complete records including admitting summary, discharge summary, discharge instructions, emergency room records, operative reports, x-rays or similar studies, laboratory results, CT scans, MRIs or PET scans, and emergency room records, concerning any medical treatment that I have received from you, at your institution, or which you keep in the regular course of business. *I hereby authorize release of all records regarding mental health, psychiatric, chemical dependency or HIV.* A photostatic copy of this authorization shall be as valid as the original.