DALE, HUFFMAN
& BABCOCK
LAWYERS

# Release of Information

TO: Date:

I, ______________________________, Social Security No. _______________________ , do hereby authorize any and all financial institutions, including banks, credit unions, stock brokerage companies, and insurance companies holding assets including cash, stocks, mutual funds, and/or insurance policies, and funeral homes holding insurance or funeral contracts, owned by me to release any and all information to my attorneys, Keith P. Huffman, Timothy K. Babcock, Kristin Steckbeck Bilinsi, Michael J. Huffman and/or the staff of the law firm of Dale, Huffman, & Babcock pertaining to the ownership and values for any and all such accounts, as may be requested by my attorney from time to time.

**HIPAA Release Authority**

I intend for my attorneys, Keith P. Huffman, Timothy K. Babcock, Kristin Steckbeck Bilinsi, Michael J. Huffman and/or the staff of the law firm of Dale, Huffman, & Babcock, to be treated as I would be treated with respect to my rights regarding the use and disclosure of my medical records and my other individually identifiable health information. This release authority applies to all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, other covered health care provider, insurance company, and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose, and release to my attorney, without restriction, all of my medical records and my other individually identifiable health information regarding any past, present, or future medical or mental health condition including, but not limited to, all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse.

The authority given to my attorney under this instrument shall supersede all prior agreements that I may have made with, and all prior instructions that I may have given to, my health care providers to restrict access to or disclosure of my medical records and my other individually identifiable health information. The authority given to my attorney under this section of this Appointment shall expire January 1, 2035. The authority given to my attorney under this section of this Appointment shall be effective immediately, even though I am capable of consenting to my health care.

I AFFIRM UNDER PENALTIES OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_________________________________________ ___________________

Signature Date

Dale, Huffman & Babcock
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