

PLAINTIFF'S ARONS/PORCELLI SPEAKING AUTHORIZATION FOR DEFENDANTS¹

AUTHORIZATION FOR RELEASE AND DISCLOSURE OF HEALTH INFORMATION TO DEFENDANT'S ATTORNEYS (INTERVIEW)

TAKE NOTICE

The purpose of the requested interview with the physician is solely to assist defense counsel at trial and it is not at the request of the patient.

Any discussion with defense counsel is entirely voluntary and **MUST BE LIMITED IN SCOPE** to the particular medical condition at issue in the litigation.

The physician is not obligated to speak with defense counsel prior to trial. The interview is voluntary.

This authorization is only valid for requests for patient information that are made directly by the defendant's attorneys who are specifically listed below. The permission granted by this authorization cannot be assigned or delegated to anyone who is not a partner or employee of the defendant's attorneys specifically listed below. Any attempt to do so renders this authorization **VOID**. Should anyone other than a partner or employee of the defendant's attorneys specifically listed below attempt to use this authorization to obtain this patient's health information, **YOU ARE INSTRUCTED NOT TO PROVIDE THAT INFORMATION** and are requested to immediately contact the patient's attorneys.

This authorization is VOID if the above NOTICE is not highlighted in **YELLOW**

To: [Insert name of doctor]

PATIENT NAME: [insert name of patient]

DATE OF BIRTH: [Insert date of birth]

I authorize, **BUT DO NOT REQUIRE**, the above-named medical provider to **ENGAGE IN CONVERSATION** regarding the medical condition of the above-named patient with the following attorneys for the defendant: [Insert the specific name of defendant's counsel], for the purpose of: **"LITIGATION."**

The type and amount of information to be used or disclosed is as follows:

This authorization is **LIMITED** to **ENGAGING IN CONVERSATION THAT IS LIMITED IN SCOPE** to the **particular medical condition at issue in the litigation** and does not authorize the disclosure of any written medical records.

This authorization shall remain in full force and effect until it expires one year from the date set forth below.

I understand that I have the right to revoke this authorization at any time. I understand that if I revoke

¹ The law in this area is changing rapidly and decisions issued may affect what is required in an Arons speaking authorization provided to a defendant. The practitioner should carefully review current law before using this authorization, and tailor it as needed based on that law. This authorization also does not permit records to be received.