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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

protec	I, ted heal	th information	about	, he	_, hereby authorize use or disclosure of, a minor, as described below:		
	Inform	nation to be re	eleased from:				
	PROV	IDER:					
	Inform	nformation to be released to:					
	_	brink Law, PS, ss listed above.	•	d/or any as	y associates of said attorney at the		
	Inform	Information to be released:					
	All medical records and billing statements, including all clinical or hospital records in full. This includes but is not limited to: X-rays, diagnostic testing of any nature, laboratory test correspondence, notes, written records, or written documents of any nature.						
	Purpo	Purpose for which disclosure is being made:					
	X	Attorney	Insurance		Doctor	Personal	
	agnosis (Il illness,	or treatment of		ransmitted	diseases, dru	information regarding g and/or alcohol abuse, these records to be	
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Dated				Parent and/or Guardian			