

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

THE STATE OF TEXAS §
COUNTY of _____ §
TO WHOM IT MAY CONCERN: §

You are hereby expressly authorized to give the Attorney General of Texas, and/or any associates, assistants, representatives, agents or employees thereof, any and all desired information regarding **TOM RETZLAFF**, including, but not limited to:

Office records, medical reports, memos, hospital reports, laboratory reports, x-rays, x-ray reports, bills, prescriptions, photographs, or other information, written statements, memos and reports, including copies thereof, pertaining to the physical and/or mental conditions, past, present, and/or future. Photostatic copies of this signed authorization will be considered as valid as the original.

This authorization shall remain in force and effect throughout the pendency of the lawsuit: *Tom Retzlaff v. Lynda de la Vina, et al.*, in the U.S. District Court for the Western District of Texas (San Antonio Division), Cause No. 5:08-CV-00170-OLG.

BY MY SIGNATURE BELOW, I WAIVE ANY PRIVILEGE OF CONFIDENTIALITY OF MENTAL EMOTIONAL HEALTH AND/OR DRUG ABUSE INFORMATION.

BUT THIS REQUEST DOES NOT INCLUDE ANY ACQUIRED IMMUNE DEFICIENCY SYNDROME OR HUMAN IMMUNODEFICIENCY VIRUS TEST OR TEST RESULTS OF THE ABOVE-REFERENCED PATIENT. RELEASE SPECIFICALLY EXCEPTS SUCH RECORD FROM THIS REQUEST AND SHALL NOT BE HELD LIABLE OR RESPONSIBLE FOR ANY SUCH DISCLOSURES TO IT.

DATE: _____ SIGNED: _____
TOM RETZLAFF

Social Security No. _____ DOB: _____

Address: _____

ACKNOWLEDGMENT

BEFORE ME, the undersigned authority, on this day appeared **TOM RETZLAFF** known to me to be the person whose name is subscribed to the foregoing instrument.

GIVEN under my hand and seal of office this _____ day of _____, 2008.

NOTARY PUBLIC in and for The State of Texas

