

## CLIENT RECORDS AUTHORIZATION

I hereby authorize the release and disclosure of the following documents, reports and records and copies thereof to my attorney, \_\_\_\_\_, or his representatives:

1. Any physicians' records, hospital records, charts, x-rays, information, opinions concerning examination, tests, diagnoses, treatment and prognoses concerning my physical and mental health;
2. Any police, investigative, insurance, and any other accident reports, records, statements, photographs, or other information concerning me;
3. Any and all income and financial records, including payroll records, Federal and State income tax returns, and Social Security detailed earnings records, for the periods or years of \_\_\_\_ through \_\_\_\_; and
4. Federal, State or local agency records, files or information in any way concerning me.

I revoke all prior authorizations and releases.

Signed at \_\_\_\_\_, Georgia this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Client