

IN THE CIRCUIT COURT OF \_\_\_\_\_, MISSOURI  
AT \_\_\_\_\_, MISSOURI

\_\_\_\_\_, )  
 )  
Petitioner, )  
 )  
v. ) Case No. \_\_\_\_\_  
 )  
\_\_\_\_\_, )  
 )  
Respondent. )

**PETITIONER/RESPONDENTS'S FIRST INTERROGATORIES AND REQUESTS FOR PRODUCTION OF DOCUMENTS DIRECTED TO PETITIONER/RESPONDENT,**

Comes now Petitioner/Respondent, \_\_\_\_\_, by and through counsel, and directs the following Interrogatories to be answered under oath by Petitioner/Respondent, \_\_\_\_\_, in accordance with Rules 57.01 of the Missouri Rules of Civil Procedure. Also, pursuant to Missouri Rule of Civil Procedure 58.01, you are requested to attach photocopies of all documents requested to be produced herein. You are further requested, if applicable, to complete and execute any authorizations attached hereto.

In answering these Interrogatories and Requests for Production of Documents, all information is to be divulged which is possessed by or available to you, your employees, investigators, agents, employees, insurers, or others employed by or acting on your behalf.

These Interrogatories and Motion to Produce are intended to be of a continuing nature, requiring you to serve timely supplemental answers setting forth any information within the scope of these Interrogatories which may be acquired by you, your attorneys, your investigators, agents, employees, insurers, or others employed by or acting on your behalf.

## **DIRECTIONS**

Please insert your typewritten answers in the spaces provided. If the space allocated is insufficient, please attach a separate sheet, clearly indicating on such sheet the Interrogatory or Request for Production which is being answered.

1. Provide the following background information:
  - a. Your full name and any other name(s) by which you have been known;
  - b. Your date and place of birth and social security number;
  - c. Your current residential address and each previous address for the past five (5) years and the inclusive dates you resided at each;
  - d. Your telephone number; and,
  - e. The name and relationship to you of each person residing with you for the past five (5) years.

### **ANSWER:**

2. Are you currently married or previously been married? If yes, state the following:
  - a. Spouse's full name and any other name(s) by which they have been known, their address and telephone number and their date and place of birth and social security number;
  - b. The date of your marriage and dissolution, if applicable;
  - c. The state and county in which the marriage and dissolution, if applicable, were performed and recorded;
  - d. The name and date of birth of each child born to you and your spouse, either during, prior to, or following the date of your marriage;
  - e. If separated, state the date of separation and the amount of maintenance and/or child support you are receiving/paying; and
  - f. Pursuant to Rule 58.01, provide each document referenced or referred to in formulating the answer to this Interrogatory, and each subsection contained therein, including, but not limited to each divorce decree, order of modification, and administrative support order, etc.

**ANSWER:**

3. Are you the guardian of any other child? If yes, state the following:
- a. The child's name, address, and date of birth;
  - b. The country, state and county in which each child was born;
  - c. The name, address, and telephone number of the biological mother and the individual possessing primary physical custody;
  - d. If receiving or paying child support please indicate the monthly amount; and
  - e. Pursuant to Rule 58.01, provide each document referenced or referred to in formulating the answer to this Interrogatory, and each subsection contained therein.

**ANSWER:**

4. If you and/or your current spouse/paramour are presently employed, or have been employed since \_\_\_\_\_ for each employment since \_\_\_\_\_ please state:
- a. The name, address and telephone number for your current employer(s) and for each previous employer;
  - b. Describe your position and the nature of your duties for each;
  - c. The length of employment and the inclusive dates you were employed at each; and reason for termination for each;
  - d. For your current employer(s) state the usual hours and days worked, average monthly gross wages or salary, and the amount of overtime worked;
  - e. For your current employer describe any other benefits in detail, including but not limited to insurance, retirement, profit sharing, sick leave etc.; and

- f. Pursuant to Rule 58.01 attach copies of your six (6) most recent paycheck stubs for your current employer(s); execute the attached Authorization for Release of Confidential Information.

**ANSWER:**

5. In the past two (2) years have you and/or your current spouse been self-employed or engaged in your own business, either as an exclusive occupation or in addition to your other employment? If so, please state:

- a. Full business name, address, telephone number and corporate formation if not a sole proprietorship;
- b. Nature of product produced, or services performed;
- c. The date of formation and/or commencement of operations and term thereof;
- d. State whether the business is sole proprietorship, partnership, or corporation. If partnership or corporation, state percentage of business owned by you, and list all persons by name address and telephone number who own a 10% or greater interest in said business;
- e. The hours of operation for the business and the hours you engage in any sort of function for such business; and
- f. Pursuant to Rule 58.01 provide all foundational document, meeting minutes, notes, membership distributions, dividends, and the state and federal tax returns.

**ANSWER:**

6. State whether or not you contend that you are limited and/or unable to work and/or support yourself and if so, state in detail all reasons known to you why you would not be able to obtain gainful employment. Additionally, pursuant to Rule 58.01, complete and execute the attached HIPAA Authorization Form and Authorization for the Release of Confidential Information.

**ANSWER:**

7. If your answer to the previous interrogatories indicates any medical reasons for not being able to obtain gainful employment, please list the names and addresses of any and all physicians, or practitioners of the healing arts, who have advised you that you were not able to work, and state in detail the nature of any illness, disease or disability that said physician attributed as the reason for you not being able to obtain or perform gainful employment. Additionally, pursuant to Rule 58.01, complete and execute the attached HIPAA Authorization Form and Authorization for the Release of Confidential Information.

**ANSWER:**

8. If not otherwise listed above, state in detail each and every other source of income you currently receive, including the following:

- a. The gross monthly amount;
- b. The name, address and telephone number of each source of said income;
- c. When said income began;
- d. If said income is scheduled to terminate, and if so, when and why; and

- e. Pursuant to Rule 58.01 attach photocopies of the four (4) most recent statements evidencing such income and complete and execute the attached Authorization to Release Confidential Information.

**ANSWER:**

9. Have you ever been diagnosed with or do you suffer from, any physical and/or mental health disease and/or disorder? If yes, state the following for each disease and/or disorder:

- a. The name of the disease and/or disorder, the symptoms of associated therewith and the treatments and/or medications prescribed;
- b. The expected effects on your health and your ability to provide care for yourself and minor children over the next year, three (3) years, five (5) years, ten (10) years and fifteen (15) years;
- c. The name, address and telephone number of each medical or other care provider who has treated each such condition; and
- d. Pursuant to Rule 58.01 provide a photocopy of each document referenced or referred to in formulating your answer to this interrogatory, and each of the sub-sections contained therein, also, please complete and execute the attached HIPAA Authorization Form and Authorization for the Release of Confidential Information.

**ANSWER:**

10. Have you ever denied contact between the minor child at issue and the opposing party? If yes, state the following:

- a. Each date you denied contact;
- b. The type of contact you denied for each date listed, (i.e. in person, oral, etc.);
- c. How you came to possess physical custody of the minor child;

- d. How often and by what means did the opposing party attempt to contact the child during each such period;
- e. The length of each such period; and,
- f. In detail, describe the events leading up to each such period, and each reason why you believed it was in the best interest of the minor child that contact be denied.

**ANSWER:**

11. State whether or not you have in your possession your federal and state income tax returns (*including all supplemental forms you are required to attach to your return including W-2, 1099, Form C, partnership distribution forms; Sub Chapter S distribution forms or any other type of ancillary form which you were required to attach to your return*) for the last five (5) years. If so, please state:

- a. Pursuant to Rule 58.01 attach copies of your federal and state income tax returns for the last five (5) years. (Your return should include all parts, both front and back pages, all supplementary forms, which you were required to file as part of your return.
- b. If the return is not in your possession, please state the name and present address of the person or entity who has possession of the same.
- c. Describe what steps would be necessary for you to obtain the same.
- d. If you do not have a complete copy of your return, pursuant to Rule 58.01, execute the attached IRS Form 4506 and Missouri Department of Revenue Form 1937.

**ANSWER:**

12. You are requested to complete the attached "Income and Expense Statement" and "Property Statement" and execute the same and return them with your answers to these Interrogatories. You are further requested to update said financial statements and supply copies of the updated versions at least five (5) days prior to the date of any hearing.

**ANSWER:**

13. Do any other individuals reside at your primary residence, not previously listed herein? If yes, state the following for each:

- a. Their full name and any other name(s) by which they have been known;
- b. Their date and place of birth and social security number;
- c. Whether they have been arrested and/or convicted for any violent misdemeanor or felony in this State or any other state;
- d. If arrested, the reason(s) for such arrest, and the date(s) thereof;
- e. If convicted, the charge(s) convicted of, and the date(s) thereof; and,
- f. The state and county of each such arrest and/or conviction.

**ANSWER:**

14. Do you expect to call any person as an expert at the trial of this cause? If yes, state the following for each:



- a. The name and address of each such expert, and the general nature of the subject matter on which each such expert is expected to testify;
- b. The present occupation of each such expert; and a description of any profession in which each such expert is engaged;
- c. A description of the specialty and sub-specialties, if any, of each such expert;
- d. The educational background of each such expert in his alleged field of expertise;
- e. Pursuant to Rule 58.01, provide a curriculum vitae for each such expert.

**ANSWER:**

15. For each individual you allege, or believe to have any personal knowledge of any of the facts or circumstances related to the allegations set forth in your Motion to Modify, or any other claims, affirmative defenses or assertions you have, or may argue, in response to the pending Motion, please state the following for each:

- a. The individuals name, address and telephone number; and
- b. Describe each specific fact and circumstance they have personal knowledge of, and the date of occurrence.

**ANSWER:**

16. Have you ever been arrested and/or convicted for any misdemeanor or felony? If yes, state the following for each:

- a. The date of arrest/conviction;
- b. The city, county and state in which the arrest/conviction occurred;
- c. The offense/charge for which you were arrested/convicted;
- d. Whether you were convicted of the charged offense;
- e. The amount of any fine or the term of any sentence, or both, imposed following conviction, and state whether you were placed on probation; and
- f. Pursuant to Rule 58.01 provide any documents that evidence such arrest/conviction and any other related documents.

**ANSWER:**

17. Do you allege that you or the minor child(ren) have ever been abused, physically and/or mentally, by the opposing party? If yes, state the following for each allegation:

- a. The approximate date of each alleged abuse;
- b. The approximate date you first became aware of any allegations of abuse;
- c. Describe the specific facts surrounding each alleged abuse;
- d. Did you ever report the alleged abuse to law enforcement authorities or to the Missouri Division of Family Services (DFS) and, if so, to whom; and, if not reported, why not;
- e. If publicly reported, was any action taken by DFS, law enforcement officials, or prosecuting attorney for that jurisdiction and, if so, please indicate what was done; and
- f. Pursuant to Rule 58.01 provide any documents that evidence such events and any other related documents.

**ANSWER:**

18. State whether or not you maintain for yourself any medical policy of insurance. If yes, state the following for each:

- a. The name, address and phone number of the insurance company;
- b. The policy number;
- c. Describe briefly the benefits provided thereunder;
- d. State the monthly per person cost of said policy that is not reimbursed by any third party or paid by any third party; and
- e. Pursuant to Rule 58.01, attach copies of any and all policies of medical insurance.

**ANSWER:**

19. Have you consumed any alcoholic beverage and/or used any other controlled substance during the past twelve (12) months to date? If yes, state the following for each occurrence:

- a. The date, time and location where consumption and/or use occurred;
- b. The average amount of alcohol and/or controlled substance consumed, and the type of alcohol and/or controlled substance consumed;
- c. The average number of days each week that you consume or use any alcohol and/or controlled substance;
- d. Have you ever been treated for alcoholism, alcohol dependency, and/or addiction to any other controlled substance, if so, provide the dates, name and address of each such treatment and treating facility; and
- e. Pursuant to Rule 58.01 provide a photocopy of each document referenced or referred to in formulating your answer to this interrogatory, and each of the sub-sections contained therein, also, please complete and execute the attached HIPAA Authorization Form for yourself and one for each other individual named in response to this interrogatory.

**ANSWER:**

20. Pursuant to Rule 58.01 provide each document, recording, audio or video, letter, email, text and any other communication or writing of any nature and form that relates to or supports any of your responses to each of the interrogatories herein and each allegation you are making regarding any party, event or transaction involved in this matter.

**ANSWER:**

21. Do you believe the opposing party is an unfit or improper person to have and enjoy custody of the minor children? If yes, state the following:

- a. Each fact, factor, matter, circumstance and/or piece of information that you rely upon in coming to your conclusion that the opposing party is unfit and/or improper persons to have custody of the minor children;
- b. The names, address, telephone number of each person you assert has personal knowledge of the alleged parental unfitness of the opposing party;
- c. For each alleged event or occurrence, state what you claim the opposing party said and did; and
- d. Pursuant to Rule 58.01, attach photocopies of any documents that support your allegations.

**ANSWER:**

22. Have you and/or your current spouse ever been arrested, pled guilty to, or been convicted of any felony or misdemeanor offenses, including traffic offenses? If yes, state the following:

- (a) The state and county of each arrest, plea and/or conviction and the date of each;
- (b) The nature of each arrest and/or charge;
- (c) If charged or indicted, with particularity, describe the formal charge or indictment and the disposition of each;
- (d) If a plea or conviction was entered, with particularity, describe the formal charge pled to or convicted of and the accompanying sentence;
- (e) For each plea or conviction, with particularity, describe the sentence imposed, the specific requirements of each and any associated term of probation and/or parole; and,
- (f) Pursuant to Rule 58.01, provide each document referenced or referred to in formulating the answer to this Interrogatory, and each subsection contained therein.

**ANSWER:**

23. Do you allege yourself to be a more fit or proper person to have and enjoy custody of the minor child? If yes, state the following:

- a. Each fact, factor, matter, circumstance and/or piece of information that you rely upon in coming to your conclusion that you are a more fit and proper person to have custody of the minor child;
- b. The names, address, telephone number of each person you assert has personal knowledge of your parental fitness; and,
- c. Pursuant to Rule 58.01, attach photocopies of any documents that support your allegations.

**ANSWER:**

24. Have you, your current spouse and/or any other individual that resides at your primary residence been accused of or been investigated for child abuse or neglect by any police department, juvenile office, division of family services, or any other federal, state or local agency? If yes, state the following:

- (a) The name, address and telephone number of each individual accused of or investigated for child abuse or neglect;
- (b) The name, address and telephone number for each state, federal or local agency to which an accusation of or investigation for child abuse or neglect has been conducted by;
- (c) The date of each incident giving rise to any such accusation and the specific nature of each accusation;
- (d) The name, address and telephone number of the individual making each such accusation;
- (e) The name, address and telephone number of each alleged victim; and
- (f) Pursuant to Rule 58.01, provide each document referenced or referred to in formulating the answer to this Interrogatory, and each subsection contained therein.

**ANSWER:**

25. List all complaints that you have with opposing party as guardian, and give the name, address, and telephone number of any witness that you claim has any information or is a witness to any fact that you claim demonstrates why it is in the best interest of the minor child that guardianship be granted to you. Pursuant to Rule 58.01, provide each document referenced or referred to in formulating the answer to this Interrogatory, and each subsection contained therein.

**ANSWER:**

\_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, MO 63 \_\_\_\_\_  
\_\_\_\_\_ phone  
\_\_\_\_\_ fax  
e-mail: \_\_\_\_\_  
ATTORNEY FOR PETITIONER/RESPONDENT

STATE OF MISSOURI,            )  
  )  
COUNTY OF \_\_\_\_\_.)    SS.

Comes now Petitioner/Respondent, \_\_\_\_\_ and states that they have read the foregoing Interrogatories, and that they has answered them to the best of their knowledge, information and belief.

\_\_\_\_\_,  
Petitioner/Respondent

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

IN THE CIRCUIT COURT OF \_\_\_\_\_, MISSOURI  
 AT \_\_\_\_\_, MISSOURI

\_\_\_\_\_, )  
 )  
 Petitioner, )  
 )  
 v. ) Case No. \_\_\_\_\_  
 )  
 \_\_\_\_\_, )  
 )  
 Respondent. )

STATEMENT OF INCOME AND EXPENSE

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 SOCIAL SECURITY NUMBER

I. INCOME

A.

Gross wages or Salary and Commission each Pay Period. \_\_\_\_\_

PAID: \_\_\_\_\_ Weekly      \_\_\_\_\_ Bi-Weekly  
           \_\_\_\_\_ Bi-Monthly      \_\_\_\_\_ Monthly

Payroll Deductions:

FICA (Social Security Tax)	_____
Medicare Tax	_____
Federal Withholding Tax	_____
State Withholding Tax	_____
City Earnings Tax	_____
Union Dues	_____
Medical/Dental	_____
Savings	_____
401 K	_____
Other	_____
Total Payroll Deductions	_____

Net Take Home Pay Each Pay Period \_\_\_\_\_

INCOME (Continued)

B.

Additional Income from Rentals, Interest,



Dividends and Business Enterprises  
(Give monthly average and list of income.)

_____	_____
_____	_____
_____	_____

C.  
Any other Income - (from Social Security, AFDS, VA Benefits,  
pensions, annuities, bonuses, commissions and all other sources.)

List the source and MONTHLY average

_____	_____
_____	_____
_____	_____

**AVERAGE NET MONTHLY INCOME (Sum of  
A, B and C):**

\_\_\_\_\_

**Your share of the gross income shown on last  
year's Federal Income Tax Return:**

\_\_\_\_\_

II. EXPENSES (Give all expenses on a MONTHLY average.)

A. Rent or mortgage payments \$ \_\_\_\_\_

B. Utilities:

1. Gas	\$ _____	
2. Water	\$ _____	
3. Electricity	\$ _____	
4. Telephone	\$ _____	
5. Trash Service	\$ _____	_____

C. Automobiles:

1. Gas and Oil	\$ _____	
2. Maintenance (routine)	\$ _____	
3. Taxes and License	\$ _____	_____

D. Insurance:

1. Life	\$ _____	
2. Health & Accident	\$ _____	
3. Disability	\$ _____	
4. Homeowner (If not included in mortgage payment)	\$ _____	
5. Automobile	\$ _____	_____

E. Payment on Installment Contracts

Auto #1: _____	\$ _____
Auto #2: _____	\$ _____
Auto #3: _____	\$ _____

	Household Installments	\$ _____	
	Credit Cards:		
	MasterCard	\$ _____	
	Visa	\$ _____	
	Discover		
	Other	\$ _____	_____
F.	Child Support Paid to Others for Children not in your custody		_____
G.	Maintenance or Alimony		_____
H.	Church and Charitable Contributions		_____
<b>Sum of A, B, C, D, E, F, G and H:</b>			_____

I.	Other Living Expenses		
		Yours	Children in your custody
1.	Food	\$ _____	\$ _____
2.	Clothing	\$ _____	\$ _____
3.	Medical Care*	\$ _____	\$ _____
4.	Prescription Drugs	\$ _____	\$ _____
5.	Dental Care	\$ _____	\$ _____
6.	Recreation	\$ _____	\$ _____
7.	Laundry & Cleaning	\$ _____	\$ _____
8.	Barber Shop	\$ _____	\$ _____
9.	Beauty Shop	\$ _____	\$ _____
10.	School and Books	\$ _____	\$ _____
11.	Day Care	\$ _____	\$ _____
12.	Other Expenses		
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	<b>Total Living Expenses</b>	\$ _____	\$ _____

**AVERAGE MONTHLY LIVING EXPENSES:** \$ \_\_\_\_\_

\*Includes costs of medical care and prescription drugs, which are not paid for by your employer, any insurance or other third party.

STATE OF MISSOURI                    )  
  )  
COUNTY OF \_\_\_\_\_            )        SS.

COMES NOW Petitioner/Respondent being of lawful age and after being duly sworn, states that they have read the foregoing Statement of Income and Expense, and that the facts therein are true and correct according to their best knowledge and belief.

\_\_\_\_\_  
Petitioner/Respondent

Subscribed and sworn to before me the undersigned Notary Public, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

IN THE CIRCUIT COURT OF \_\_\_\_\_, MISSOURI  
 AT \_\_\_\_\_, MISSOURI

_____,	)	
	)	
Petitioner,	)	
	)	
v.	)	Case No. _____
	)	
_____,	)	
	)	
Respondent.	)	

**PROPERTY STATEMENT**

(attach extra sheets if necessary)

A. Real Estate – List interest in real estate owned by you or your spouse, including leaseholds. Include street address. Attach legal.	VALUE	DEBT

B. Motor Vehicles – Include all automobiles, boats, trailers, aircraft, recreational vehicles and campers in which you or your spouse have an interest. List year, make, model, and vehicle identification number.	VALUE	DEBT







STATE OF MISSOURI                    )  
  ) SS.  
COUNTY OF \_\_\_\_\_            )

Comes now Petitioner/Respondent, and being duly sworn upon oath states that they have read the foregoing statement of property and debts, and the answers given therein are true to the best of their knowledge and belief.

\_\_\_\_\_  
Petitioner/Respondent

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_





**AUTHORIZATION FOR RELEASE OF  
CONFIDENTIAL INFORMATION**

TO: \_\_\_\_\_

IN THE MATTER OF:

NAME: \_\_\_\_\_

S.S. NO.: \_\_\_\_\_

DOB: \_\_\_\_\_

You are hereby authorized and requested to permit \_\_\_\_\_ or his agents to examine, inspect, photocopy, or reproduce in any manner the following records of the above named person:

1. Wage and employment records;
2. Insurance records of any type or kind;
3. Checking or Savings Accounts, including C.D., Money Market, etc.;
4. Records of loans, debts or other related instruments;
5. Other records: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

You are further authorized and requested to furnish oral or written reports to them upon their request.

A photocopy of this authorization in lieu of the original, shall be sufficient authorization for you to release this information and it shall not be required that this authorization be notarized.

\_\_\_\_\_  
Name

**INDIVIDUAL'S REQUEST FOR PROTECTED HEALTH INFORMATION (PHI) AND AUTHORIZATION  
TO MAIL PHI TO**

**PATIENT IDENTIFICATION**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I, \_\_\_\_\_ hereby request copies of **my** protected health information (Hereinafter referred to as PHI) as described herein, be released and sent to \_\_\_\_\_, Attorney at Law, \_\_\_\_\_. I further direct you to send my bill for my copies of my PHI to \_\_\_\_\_.

Information is to be released by: \_\_\_\_\_  
Specify name of care provider (Releaser) as well as address and telephone number

Purpose of request:  Litigation

Period requested: \_\_\_\_\_ All periods of time  
From \_\_\_\_\_ to \_\_\_\_\_

Information to be released:

- |   |   |
|---|---|
| <input type="checkbox"/> Intake   | <input type="checkbox"/> Treatment records  |
| <input type="checkbox"/> Emergency Room Records   | <input type="checkbox"/> Record of pharmacies prescribed                          |
| <input type="checkbox"/> Admission Summary  | <input type="checkbox"/> X-Ray Reports  |
| <input type="checkbox"/> History & Physical   | <input type="checkbox"/> MRI Reports  |
| <input type="checkbox"/> Discharge Summary  | <input type="checkbox"/> CT Scan Reports  |
| <input type="checkbox"/> Operative Report   | <input type="checkbox"/> Myelogram Reports  |
| <input type="checkbox"/> Pathology Report   | <input type="checkbox"/> EMG, NCVS, EKG reports                                   |
| <input type="checkbox"/> Laboratory or Radiology reports  | <input type="checkbox"/> Correspondence or reports <u>sent or received</u> by you |
| <input type="checkbox"/> Any test results   | <input type="checkbox"/> Any forms completed for patient                          |
| <input type="checkbox"/> Physical Therapy Records   | <input type="checkbox"/> Off work, light or limited duty directives               |
| <input checked="" type="checkbox"/> <b>Everything including all of the above (i.e. a complete copy of your file or patient's health record)</b> |   |
| <input type="checkbox"/> Other (specify): _____   |   |
| <input type="checkbox"/> Itemized Billing Statement for services from _____ to _____  |   |

This authorization will expire one year from the date below. Except to the extent that action has already been taken and reliance on this authorization, I may revoke this authorization at any time by notifying you in writing.

**I understand** that this authorization is voluntary. **I understand** that \_\_\_\_\_, is not a health provider or a health plan covered by federal privacy regulations and that by directing that copies of my PHI be sent to said law office, the released information may be re-disclosed by said law office and it will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. **I hereby release** your practice, its employees, officers and physicians from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. **I understand** you will not deny treatment if I do not sign this form and **I may** inspect a copy of my PHI. By signing below, **I authorize** the Releaser, as identified above, to release the PHI as specified above.

A photocopy of this authorization shall be considered as valid as the original. At my request I have received a photocopy of this authorization.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient/Legal Guardian/Personal Representative (Give relationship) \_\_\_\_\_  
Date

\*\*\*\*\*

**Authorization To Release Records Of Drug/Alcohol Or Psychiatric Treatment; AIDS/HIV And Other Communicable Diseases**

I further permit the release of all, information concerning any drug/alcohol treatment or use, psychiatric treatment or AIDS/HIV and other communicable diseases, test results and/or diagnosis and treatment, subject to the same terms and conditions as above stated.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

