



# THE GORDON LAW FIRM, P.C.

*High Standards. Hard-Working. Here to Help.*

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## LETTER OF REPRESENTATION/ AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

This letter is to inform you that I have hired or been appointed The Gordon Law Firm, P.C., hereinafter referred to as "THE FIRM," and/or the "component" as my and/or my child's attorney to represent me and/or my child in a legal matter. I give "The Firm" full authority to negotiate any legal matters on my or my child's behalf.

Furthermore, I authorize any doctor, hospital, other health care provider, employer, business, government agency, or other organization or person to whom a copy of this authorization form is delivered, including, but not limited to \_\_\_\_\_, regarding the following dates \_\_\_\_\_ to furnish to "The Firm" and/or the "component", any information, reports, and copies of records (including billing records), including but not limited to information regarding me (or others who I am authorized to obtain information about, such as \_\_\_\_\_, DOB \_\_\_\_\_, SS# \_\_\_\_\_), which "The Firm" and/or the "component" may request. This authorization is valid for two (2) years from the date listed below at the bottom of this page, unless revoked in writing by the undersigned and presented to all parties who have received copy of this document within the 2 year period, without exception. As described in its Notice of Privacy Practices, the component will comply with the revocation except to the extent it has acted in reliance on it. The component may not withhold treatment, Medicaid benefits, or payment processing if the individual does not sign the authorization. Except for protected health information (PHI) related to alcohol or drug abuse treatment, the potential exists for the PHI described in the authorization to be re-disclosed by the recipient and, therefore, no longer protected by medical privacy laws.

You are further authorized and directed to furnish oral and written reports, and/or narratives, and/or any diagnosis or evaluations made concerning me or my condition, letters written to or from me, statements made to or taken from me, papers bearing my signature, or which refer to me, to "The Firm" and/or the "component". In accordance with federal law and federal regulations (42 CFR, Part 2), I specifically consent to any information related to: HIV testing and/or AIDS-related diagnoses; and any information related to psychiatric treatment or treatment for substance abuse.

I agree to release any of the above mentioned individuals, agencies, companies, organizations, and their employees, officers, or agents from any liability associated with disclosure of information in accordance with the guidelines spelled out in this release. Thank you in advance for your cooperation.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DOB

\_\_\_\_\_  
SS #

\_\_\_\_\_  
Date