

**GENERAL WAIVER OF CONFIDENTIALITY & AUTHORIZATION  
TO RELEASE LEGAL/MEDICAL/CONFIDENTIAL INFORMATION  
TO MY ATTORNEY DAVE JAKE SCHWARTZ**

TO: \_\_\_\_\_ [Name of Doctor, Counselor, Professional, or Another Lawyer] \_\_\_\_\_ [His/Her Best Direct Office Phone Number]

RE: \_\_\_\_\_ [Your Name] \_\_\_\_\_ [Patient/ Client/Case Number]

This is my general authorization and request to you and your offices to discuss with, furnish and release to my attorney, Dave Jake Schwartz, pursuant to his request, any and all history, observations, opinions, information, records and/or other documents or data of any kind in your possession regarding my past and current legal, medical, physical, psychological, mental, and recovery conditions, diagnoses, prognoses and progress relating thereto, as well as your general commentary and opinions in respect thereto.

I hereby waive my right to confidentiality and any privilege arising from our relationship, for the sole and limited purpose of directing you and your office as my treating physician, mental health counselor/professional, attorney, clinic, hospital, or other offices or professionals relating thereto, to discuss, furnish and release all information, materials and opinions accessible to you or in your possession or knowledge regarding myself to Dave Jake Schwartz, and if requested, to his offices. This waiver allows Jake to provide similar information to you at his sole discretion.

This authorization shall remain in effect for three years from the date below. I understand the information obtained is to be used in legal representation on my behalf. I further understand that I may obtain a copy of this authorization and any information provided pursuant hereto if I desire. I agree and direct that a photographic copy of this authorization shall be as valid as the original.

Time is of the essence; please do not delay. Your anticipated prompt attention in discussing and/or forwarding requested information and documentation to my attorney, Dave Jake Schwartz, is greatly appreciated.

Dated: \_\_\_\_\_ By: \_\_\_\_\_ [Your Signature]

At: \_\_\_\_\_ [County & State] \_\_\_\_\_ [Print Name]

[PRINT AND SIGN TWO ORIGINALS PER PROVIDER  
SEND ONE TO JAKE IMMEDIATELY AND HAND THE OTHER TO TREATING  
DOCTOR/LAWYER/COUNSELOR ETC.]