

## Client Authorization to Share Information

We take your privacy seriously and we never discuss your case with anyone without your permission. If you want us to talk to a friend or family member about your case, give us your written authorization.

A. I, \_\_\_\_\_, (client) hereby authorize Injured Workers' Law Firm to correspond with the persons listed below regarding my workers' compensation matter.

Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

B. I, \_\_\_\_\_, (client) *do not* authorize the sharing of my information with the following persons written on the lines below.

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

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

C. I, \_\_\_\_\_, (client) do not authorize the sharing of my information with anyone except myself.

This consent is subject to revocation in writing at any time.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print



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