

PRIVACY RELEASE FORM

I am a client of the law firm of Winter & Rhoden, LLC. I understand that the attorney and staff of Winter & Rhoden, LLC will not discuss nor disclose any information to persons not connected with my case without my permission.

However, I want certain persons, listed below, to be able to obtain information about my case. I understand, that by listing any other person as authorized to obtain information about my case, that the attorney and staff of Winter & Rhoden, LLC will be able to discuss my case with the persons listed below or give them copies of information from my file.

I further understand that I will be billed and responsible for any fees and/or charges associated with the attorney and staff dealing with the below designated persons. However, the attorney will not release any confidential client information to anyone other than the client.

Authorized Person(s)

1. _____
2. _____
3. _____
4. _____
5. _____

This authorization will continue until the conclusion of my case, unless I specifically withdraw this permission.

Name of Client (Print)

Signature of Client

Type of Matter or Case

Date