

Client Authorization to Release Information

General Release:

I give Joe Vetsch and any attorney or staff member of Swenseth Law, its representatives or successors in interest, the authority to convey any and all information regarding my legal matter to the following individual(s):

Name or Organization	Date of Birth (if family)	Relationship	Phone	Contact Type
				<input type="checkbox"/> Professional <input type="checkbox"/> Family
				<input type="checkbox"/> Professional <input type="checkbox"/> Family
				<input type="checkbox"/> Professional <input type="checkbox"/> Family

The above-granted authority includes the ability to convey any and all of my information verbally, to release copies of any and all documentation I have provided to Swenseth Law, and to release any and all documents created for me by Swenseth Law. I recognize that this is not an authorized HIPAA release form.

I convey the above authority: **During my lifetime only.** **After my death only.**
 Both during my lifetime and continuing after my death.

Any of the above-listed persons:

- must be **physically present with photo ID** to obtain any of my confidential information.
- may be provided with my confidential information without being physically present and without providing photo ID.

Specific Release:

I give Joe Vetsch and any attorney or staff member of Swenseth Law the authority to convey the following:

to the following individual(s):

Name or Organization	Date of Birth (if family)	Relationship	Phone	Contact Type
				<input type="checkbox"/> Professional <input type="checkbox"/> Family
				<input type="checkbox"/> Professional <input type="checkbox"/> Family
				<input type="checkbox"/> Professional <input type="checkbox"/> Family

Restricted Release:

I DO NOT permit Joe Vetsch and any attorney or staff member of Swenseth Law the authority to convey any information regarding my legal matter to the following individual(s):

Name or Organization	Date of Birth (if family)	Relationship	Phone	Contact Type
				<input type="checkbox"/> Professional <input type="checkbox"/> Family
				<input type="checkbox"/> Professional <input type="checkbox"/> Family
				<input type="checkbox"/> Professional <input type="checkbox"/> Family

Waiver for General and Specific Release:

- I waive any liability for disclosure of confidential nonpublic personal information.
- I waive any liability for the reasonable reliance on photo identification, if required.

Photographic or other facsimile reproductions of this authorization to release information, executed (with reproduced signature), may be made and delivered by Joe Vetsch and any attorney or staff of Swenseth Law and may be relied on by any person to the same extent as though the copy were an original. Anyone who acts in reliance on a reproduction of this document shall not be liable for releasing information under this authorization to release information.

Dated: _____

Print Name

Signature

Dated: _____

Print Name

Signature