

Fee Agreement Language Now Added:

“I understand my lawyer and/or his staff will need to collect medical records on my behalf in order to prosecute my case. This will require access to my Personal Health Information [PHI] and my Electronic Health Records [EHR], as defined and described in Federal Laws, known as HIPAA and HITECH Act. I hereby grant full authority to my attorney and his designated employees to access my health records through any provider portal or through email links sent to me by providers after a request has been issued and requested records have been made available. This authorization covers any PHI regarding me, or if I am acting as a Personal Representative, Guardian or am the parent of a minor, PHI concerning that person or those people.”