

**AUTHORIZATION FOR RELEASE OF MENTAL HEALTH RECORDS**

Plaintiff/Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Plaintiff/Patient's Current Address(es) \_\_\_\_\_  
\_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby authorized to disclose, make available and furnish to: James B. Irwin of the law firm of Irwin Fritchie Urquhart & Moore; Charles F. Preuss of the law firm of Preuss, Shanagher, Zvloff & Zimmer; and/or Thomas F. Campion of Drinker Biddle & Shanley, attorneys for Defendants Johnson & Johnson, Janssen Pharmaceutica Inc. and Janssen Pharmaceutic Research Foundation, copies of all records regarding my medical condition and treatment including but not limited to all information relating to AIDS and HIV status. This information includes but is not limited to medical records, copies of films (x-ray, photographs, photographic slides or otherwise) pathology slides, diagnostic reports and laboratory testing reports. No originals will be released. No pathology material will be released.

You are authorized to release any psychiatric, psychological or other confidential records relating to any emotional, substance abuse (including drug and alcohol information) or other psychiatric/psychological condition.

This will further authorize you to provide updated medical records for the undersigned to the above law firms and corporations until two (2) years from the date below. Any facsimile, copy or photocopy of the authorization shall authorize you to release the records herein.

Dated: \_\_\_\_ day of \_\_\_\_\_, 2001.

\_\_\_\_\_  
Signature of Plaintiff

\_\_\_\_\_  
Print or Type Name

Sworn to and subscribed before me this  
\_\_\_\_ day of \_\_\_\_\_, 2001.

\_\_\_\_\_

My lawyer's name, address and telephone number are: \_\_\_\_\_  
\_\_\_\_\_