

**AUTHORIZATION FORM (HIPAA)
FOR RELEASE OF MEDICAL, EMPLOYMENT, INSURANCE
AND WORKERS' COMPENSATION INFORMATION**

By signing this Authorization form, I hereby authorize the Manatee County Board of County Commissioners ("BOCC") to use and/or have disclosed to it certain medical, employment, insurance and workers' compensation information as set forth below pertaining to the following individual:

Name: Karen Wolf

Birth Date: May 14, 1950

Date of Accident: February 12, 2013

Karen Wolf v. Manatee County
Case No.: 2016-CA-0710

Information to be Disclosed: A copy of the entire medical, claim, employment, insurance and workers' compensation records related to KAREN WOLF to be used or disclosed as set forth in this Authorization, including but not limited to records regarding any psychological/psychiatric diagnoses, conditions, illnesses or treatment provided which are directly related to the personal injury or damage claim noted above.

I understand this Authorization is voluntary.

I authorize this information to be disclosed to the BOCC and its attorneys for the purposes of the BOCC's review, discussion and consideration of my proposed personal injury or damage litigation settlement. I authorize the BOCC to discuss these records and matters in open session.

I understand the information used or disclosed pursuant to this Authorization will be subject to re-disclosure by the recipient and will become a public record under Florida law, no longer subject to applicable privacy laws or regulations.

This authorization shall be effective for the entire duration of the legal matters related to the above-referenced personal injury or damage claim.

This Authorization shall expire upon the conclusion of the legal matters related to the above-referenced personal injury claim.

I understand that I have the right to revoke this Authorization at any time in writing, except to the extent that the BOCC and/or its attorneys has/have already acted in reliance on the Authorization. I can revoke this Authorization by providing written revocation to the Manatee County Attorney's Office, P.O. Box 1000, Bradenton, FL 34206-1000, Attention: Risk Manager.

A photocopy, facsimile or electronically transmitted version of the signed original of this Authorization shall have the same validity as the original.

Karen Wolf
Karen Wolf

Date: 4/12/18