

PATIENT RECORD RELEASE AND LETTER OF PROTECTION

I do hereby authorize EMC Services of Florida,LLC to furnish my attorney as identified below with full report of any medical records and charges pertaining to my treatment.

I do hereby authorize said attorney to pay directly to EMC Services of Florida,LLC such sums that may be due and owing for services rendered to me, and to withhold such sums from any settlement, judgement, or verdict which may be paid to you, my attorney or me as the result of the injury for which I have been treated. I also agree to promptly inform EMC Services of Florida,LLC if any other attorney represents me, and that this release and letter of protection will be immediately executed with my new attorney, if charges occur.

If a new release and letter of protection is not immediately executed upon a change of attorney, I agree that my full charges shall become immediately due and payable.

I fully understand that I am directly responsible to EMC Services of Florida,LLC for all charges and bills submitted by EMC Services of Florida,LLC for services rendered to me. This agreement is made solely for additional protection and consideration of waiting for payment; I also understand that such payment is not contingent on any settlement, judgement or verdict by which I may eventually recover said fee.

Date of incident: _____

ATTORNEY NAME: _____

PATIENT SIGNATURE: _____