

## INFORMATION DISCLOSURE AUTHORIZATION FORM

I, \_\_\_\_\_, am a client of *Miramom Law, Inc.* and I **HEREBY DECLARE THAT I HAVE BEEN INFORMED BY** *Miramom Law, Inc.* of the following:

- 1) I understand that I have an attorney-client relationship wherein all communications are protected from disclosure by my attorney to third parties. These third parties include any and all family, friends, and spouses.
- 2) I also understand that there are circumstances in which I may wish to have a third party speak to my attorney about the case. A client is **NOT** required to consent to disclosure to third parties. I also understand that I should only waive attorney-client confidentiality of my own free will. I also understand that the third party could potentially disclose confidential client information to the larger community and is also subject to subpoena to testify against me in Court concerning disclosed information.
- 3) I have read and understand the foregoing information concerning disclosure to third parties, and I hereby waive attorney-client confidentiality and will permit my attorney to speak with and provide documents to **only** the following person(s), in addition to any person I have appointed as Agent through Power of Attorney and/or my Executor:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Phone Number: \_\_\_\_\_

- 4) I hereby release Miramom Law, Inc. and all employees of Miramom Law, Inc. from any and all liability in disclosing any and all privileged and confidential information to the individual or individuals listed above in this paragraph.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date