

COMPOSITE
EXHIBIT 7
(File Under Seal)

Sandra Perkins

From: Erika Perez
Sent: Friday, April 29, 2016 6:19 PM
To: lmenninger@hmflaw.com; jpagliuca@hmflaw.com
Cc: Sigrid McCawley; Meredith Schultz
Subject: Giuffre v. Maxwell, Case no. 15-cv-07433-RWS
Attachments: 2016-04-29 Supp. Response Letter to Counsel re April 25, 2016 Letter.pdf; Releases.pdf; GIUFFRE5350.pdf; GIUFFRE5351-5353.pdf; GIUFFRE5339-5341.pdf; GIUFFRE5342-5346.pdf; GIUFFRE5347-5349.pdf; 2016-04-29 Second Amended Supplemental Responses and Objections.pdf; 2016-04-29 Giuffre's Revised Supplemental Privilege Log.pdf

Dear Counsel,

Please see attached Correspondence from Sigrid McCawley.

Thank you.

ERIKA PEREZ
LEGAL ASSISTANT
BOIES, SCHILLER & FLEXNER LLP
401 E. Las Olas Blvd., Suite 1200
Fort Lauderdale, FL 33301-2211
Telephone: 954-356-0011
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BOIES, SCHILLER & FLEXNER LLP

401 EAST LAS OLAS BOULEVARD • SUITE 1200 • FORT LAUDERDALE, FL 33301-2211 • PH. 954.356.0011 • FAX 954.356.0022

Sigrid S. McCawley, Esq.
E-mail: smccawley@bsflp.com

April 29, 2016

Via Electronic Mail

Laura A. Menninger, Esq.
Jeffrey Pagliuca, Esq.
HADDON, MORGAN & FOREMAN, P.C.
150 East 10th Avenue
Denver, Colorado 80203

**Re: *Giuffre v. Maxwell*,
Case no. 15-cv-07433-RWS**

Dear Ms. Menninger:

As a follow-up to my April 27, 2016 letter, I am providing you today with copies of the releases you requested as follows:

- Release for U.S. Tax and Australian Tax Records;
- Releases for any additional school records;
- Releases for the eight requested employers;

Kindly provide us with any copies of materials you receive in response to these Releases. All documents should be treated as Confidential until we have had an opportunity to review and any social security information should be redacted and not disclosed to anyone.

In addition, we are providing you with additional retainer letters from Counsel that have represented Ms. Giuffre, bates labelled Giuffre005350-Giuffre005353.

We are providing herewith additional medical records that we received, bates labelled Giuffre005339 – Giuffre005349.

Finally, we are providing you with Ms. Giuffre's Responses to Interrogatories 1, 3, 4, 9, and 12 as set forth in the Second Amended Supplemental Responses and Objections to Defendant's First Set of Discovery Requests, attached hereto. We expect to be able to provide you with Ms. Giuffre's verification page on Monday. We have also included a revised supplemental privilege log.

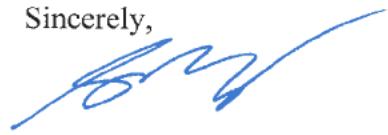
BOIES, SCHILLER & FLEXNER LLP

Letter to Laura Menninger, Esq. and Jeffrey Pagliuca, Esq.

April 29, 2016

Page 2

Sincerely,



Sigrid S. McCawley, Esq.

SSM:ep
Enclosures

Authorization to Release Student Education Record Information**Student Name:**

Virginia Guiffre (formerly Virginia
Roberts)

Telephone

The Family Educational Rights and Privacy Act of 1974, as amended, protects the privacy of educational records, establishes the rights of students to inspect and review their educational records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings. This release applies to the disclosure of educational records.

I hereby authorize Survivors Charter School to release the education records of Virginia Guiffre (formerly Virginia Roberts)

**To: Laura Menninger, HADDON, MORGAN & FOREMAN, PC, 150 East 10th Avenue, Denver,
CO 80203. Tel: 303-831-7364; Fax: 303-832-2628**

These records are being released for the purpose of litigation in the case captioned *Virginia Guiffre v. Ghislaine Maxwell*, 15-CV-07433-RWS, in the United States District Court for the Southern District of New York.

The authorization includes all information in my educational records, including truancy records, attendance records, disciplinary records, grades, house, classes, financial information, graduation records, or any other records or information relating to my attendance at this educational facility.

The above information will be released with my full consent. I understand that this authorization remains in effect unless specifically revoked. It will be necessary to send a written letter to revoke this authorization prior to the expiration date I have indicated, if I choose to end it sooner.


Virginia Guiffre (f/k/a Virginia Roberts) - Student Allowing Release of Information

Date: 04/28/16

Authorization to Release Student Education Record Information

Student Name:

Virginia Guiffre (formerly Virginia
Roberts)

Telephone

The Family Educational Rights and Privacy Act of 1974, as amended, protects the privacy of educational records, establishes the rights of students to inspect and review their educational records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings. This release applies to the disclosure of educational records.

I hereby authorize Royal Palm Beach Community High School to release the education records of Virginia Guiffre (formerly Virginia Roberts)

To: Laura Menninger, HADDON, MORGAN & FOREMAN, PC, 150 East 10th Avenue, Denver, CO 80203. Tel: 303-831-7364; Fax: 303-832-2628

These records are being released for the purpose of litigation in the case captioned *Virginia Guiffre v. Ghislaine Maxwell*, 15-CV-07433-RWS, in the United States District Court for the Southern District of New York.

The authorization includes all information in my educational records, including truancy records, attendance records, disciplinary records, grades, house, classes, financial information, graduation records, or any other records or information relating to my attendance at this educational facility.

The above information will be released with my full consent. I understand that this authorization remains in effect unless specifically revoked. It will be necessary to send a written letter to revoke this authorization prior to the expiration date I have indicated, if I choose to end it sooner.


Virginia Guiffre (f/k/a Virginia Roberts) - Student Allowing Release of Information

Date: 04/28/16

Authorization to Release Student Education Record Information

Student Name: Virginia Guiffre (formerly Virginia Roberts)	
	Telephone

The Family Educational Rights and Privacy Act of 1974, as amended, protects the privacy of educational records, establishes the rights of students to inspect and review their educational records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings. This release applies to the disclosure of educational records.

I hereby authorize Forest Hill High School to release the education records of Virginia Guiffre (formerly Virginia Roberts)

To: Laura Menninger, HADDON, MORGAN & FOREMAN, PC, 150 East 10th Avenue, Denver, CO 80203. Tel: 303-831-7364; Fax: 303-832-2628

These records are being released for the purpose of litigation in the case captioned *Virginia Guiffre v. Ghislaine Maxwell*, 15-CV-07433-RWS, in the United States District Court for the Southern District of New York.

The authorization includes all information in my educational records, including truancy records, attendance records, disciplinary records, grades, house, classes, financial information, graduation records, or any other records or information relating to my attendance at this educational facility.

The above information will be released with my full consent. I understand that this authorization remains in effect unless specifically revoked. It will be necessary to send a written letter to revoke this authorization prior to the expiration date I have indicated, if I choose to end it sooner.



Virginia Guiffre (f/k/a Virginia Roberts) - Student Allowing Release of Information

Date: 04/28/16

Authorization to Release Student Education Record Information

Student Name:

Virginia Guiffre (formerly Virginia
Roberts)

Telephone

The Family Educational Rights and Privacy Act of 1974, as amended, protects the privacy of educational records, establishes the rights of students to inspect and review their educational records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings. This release applies to the disclosure of educational records.

I hereby authorize Crestwood Middle School to release the education records of Virginia Guiffre (formerly Virginia Roberts)

To: Laura Menninger, HADDON, MORGAN & FOREMAN, PC, 150 East 10th Avenue, Denver, CO 80203. Tel: 303-831-7364; Fax: 303-832-2628

These records are being released for the purpose of litigation in the case captioned *Virginia Guiffre v. Ghislaine Maxwell*, 15-CV-07433-RWS, in the United States District Court for the Southern District of New York.

The authorization includes all information in my educational records, including truancy records, attendance records, disciplinary records, grades, house, classes, financial information, graduation records, or any other records or information relating to my attendance at this educational facility.

The above information will be released with my full consent. I understand that this authorization remains in effect unless specifically revoked. It will be necessary to send a written letter to revoke this authorization prior to the expiration date I have indicated, if I choose to end it sooner.



Virginia Guiffre (f/k/a Virginia Roberts) - Student Allowing Release of Information

Date: 6/28/16

AUTHORIZATION FOR THE RELEASE OF PERSONNEL/PAYROLL RECORDS

Employees Name:		
Virginia Guiffre (formerly Virginia Roberts)		
	Telephone	

I hereby authorize Roadhouse Grill to release information from the employment, payroll, workers compensation, and personnel records of Virginia Guiffre (formerly Virginia Roberts)

To: Laura Menninger, HADDON, MORGAN & FOREMAN, PC, 150 East 10th Avenue, Denver, CO 80203. Tel: 303-831-7364; Fax: 303-832-2628

These records are being released for the purpose of litigation in the case captioned *Virginia Guiffre v. Ghislaine Maxwell*, 15-CV-07433-RWS, in the United States District Court for the Southern District of New York.

I specifically authorize the release of the following: all employment applications, payroll/salary records, letters of commendation or discipline, performance evaluation, vacation records, absenteeism records, medical records, requests for accommodations, and/or any and all records in my personnel files, however maintained.

This authorization is valid until the 180th day after it is signed, unless it is otherwise revoked.

The undersigned, have read and authorize the release of such information as herein contained. I have the right to revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon it. I understand that when this information is used to disclose pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. I hereby release and hold harmless the above named facility and its parent company from all liability and damages resulting from the lawful release of my protected health information.

Date 04 | 28 | 16

Signature of Employee: V. Guiffre

AUTHORIZATION FOR THE RELEASE OF PERSONNEL/PAYROLL RECORDS

Employees Name:

Virginia Guiffre (formerly Virginia Roberts)

Telephone

I hereby authorize Mar-A-Lago Resort & Spa to release information from the employment, payroll, workers compensation, and personnel records of Virginia Guiffre (formerly Virginia Roberts)

To: Laura Menninger, HADDON, MORGAN & FOREMAN, PC, 150 East 10th Avenue, Denver, CO 80203. Tel: 303-831-7364; Fax: 303-832-2628

These records are being released for the purpose of litigation in the case captioned *Virginia Guiffre v. Ghislaine Maxwell*, 15-CV-07433-RWS, in the United States District Court for the Southern District of New York.

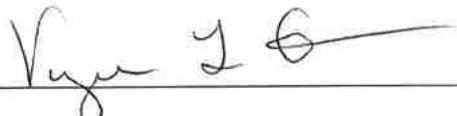
I specifically authorize the release of the following: all employment applications, payroll/salary records, letters of commendation or discipline, performance evaluation, vacation records, absenteeism records, medical records, requests for accommodations, and/or any and all records in my personnel files, however maintained.

This authorization is valid until the 180th day after it is signed, unless it is otherwise revoked.

The undersigned, have read and authorize the release of such information as herein contained. I have the right to revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon it. I understand that when this information is used to disclose pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. I hereby release and hold harmless the above named facility and its parent company from all liability and damages resulting from the lawful release of my protected health information.

Date 04/28/16

Signature of Employee:



AUTHORIZATION FOR THE RELEASE OF PERSONNEL/PAYROLL RECORDS

Employees Name:

Virginia Guiffre (formerly Virginia Roberts)

Telephone

I hereby authorize Manpower Logistics to release information from the employment, payroll, workers compensation, and personnel records of Virginia Guiffre (formerly Virginia Roberts)

To: Laura Menninger, HADDON, MORGAN & FOREMAN, PC, 150 East 10th Avenue, Denver, CO 80203. Tel: 303-831-7364; Fax: 303-832-2628

These records are being released for the purpose of litigation in the case captioned *Virginia Guiffre v. Ghislaine Maxwell*, 15-CV-07433-RWS, in the United States District Court for the Southern District of New York.

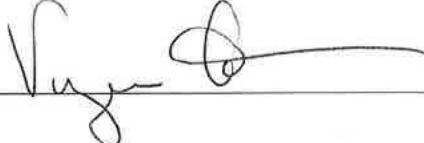
I specifically authorize the release of the following: all employment applications, payroll/salary records, letters of commendation or discipline, performance evaluation, vacation records, absenteeism records, medical records, requests for accommodations, and/or any and all records in my personnel files, however maintained.

This authorization is valid until the 180th day after it is signed, unless it is otherwise revoked.

The undersigned, have read and authorize the release of such information as herein contained. I have the right to revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon it. I understand that when this information is used to disclose pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. I hereby release and hold harmless the above named facility and its parent company from all liability and damages resulting from the lawful release of my protected health information.

Date 04 / 28 / 16

Signature of Employee:



AUTHORIZATION FOR THE RELEASE OF PERSONNEL/PAYROLL RECORDS**Employees Name:**

Virginia Guiffre (formerly Virginia Roberts)

Telephone

I hereby authorize Mannway Logistics to release information from the employment, payroll, workers compensation, and personnel records of Virginia Guiffre (formerly Virginia Roberts)

To: Laura Menninger, HADDON, MORGAN & FOREMAN, PC, 150 East 10th Avenue, Denver, CO 80203. Tel: 303-831-7364; Fax: 303-832-2628

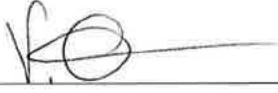
These records are being released for the purpose of litigation in the case captioned *Virginia Guiffre v. Ghislaine Maxwell*, 15-CV-07433-RWS, in the United States District Court for the Southern District of New York.

I specifically authorize the release of the following: all employment applications, payroll/salary records, letters of commendation or discipline, performance evaluation, vacation records, absenteeism records, medical records, requests for accommodations, and/or any and all records in my personnel files, however maintained.

This authorization is valid until the 180th day after it is signed, unless it is otherwise revoked.

The undersigned, have read and authorize the release of such information as herein contained. I have the right to revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon it. I understand that when this information is used to disclose pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. I hereby release and hold harmless the above named facility and its parent company from all liability and damages resulting from the lawful release of my protected health information.

Date 04 | 28 | 16

Signature of Employee: 

AUTHORIZATION FOR THE RELEASE OF PERSONNEL/PAYROLL RECORDS

Employees Name:

Virginia Guiffre (formerly Virginia Roberts)

Telephone

I hereby authorize Indigo Bar & Grill to release information from the employment, payroll, workers compensation, and personnel records of Virginia Guiffre (formerly Virginia Roberts)

To: Laura Menninger, HADDON, MORGAN & FOREMAN, PC, 150 East 10th Avenue, Denver, CO 80203. Tel: 303-831-7364; Fax: 303-832-2628

These records are being released for the purpose of litigation in the case captioned *Virginia Guiffre v. Ghislaine Maxwell*, 15-CV-07433-RWS, in the United States District Court for the Southern District of New York.

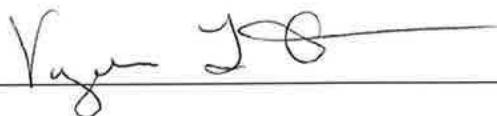
I specifically authorize the release of the following: all employment applications, payroll/salary records, letters of commendation or discipline, performance evaluation, vacation records, absenteeism records, medical records, requests for accommodations, and/or any and all records in my personnel files, however maintained.

This authorization is valid until the 180th day after it is signed, unless it is otherwise revoked.

The undersigned, have read and authorize the release of such information as herein contained. I have the right to revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon it. I understand that when this information is used to disclose pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. I hereby release and hold harmless the above named facility and its parent company from all liability and damages resulting from the lawful release of my protected health information.

Date 04/28/16

Signature of Employee:



AUTHORIZATION FOR THE RELEASE OF PERSONNEL/PAYROLL RECORDS

Employees Name:

Virginia Guiffre (formerly Virginia Roberts)

Telephone

I hereby authorize Gemma Catering/Wedding Receptions to release information from the employment, payroll, workers compensation, and personnel records of Virginia Guiffre (formerly Virginia Roberts)

To: Laura Menninger, HADDON, MORGAN & FOREMAN, PC, 150 East 10th Avenue, Denver, CO 80203. Tel: 303-831-7364; Fax: 303-832-2628

These records are being released for the purpose of litigation in the case captioned *Virginia Guiffre v. Ghislaine Maxwell*, 15-CV-07433-RWS, in the United States District Court for the Southern District of New York.

I specifically authorize the release of the following: all employment applications, payroll/salary records, letters of commendation or discipline, performance evaluation, vacation records, absenteeism records, medical records, requests for accommodations, and/or any and all records in my personnel files, however maintained.

This authorization is valid until the 180th day after it is signed, unless it is otherwise revoked.

The undersigned, have read and authorize the release of such information as herein contained. I have the right to revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon it. I understand that when this information is used to disclose pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. I hereby release and hold harmless the above named facility and its parent company from all liability and damages resulting from the lawful release of my protected health information.

Date 04/28/16

Signature of Employee: VR

AUTHORIZATION FOR THE RELEASE OF PERSONNEL/PAYROLL RECORDS

Employees Name:

Virginia Guiffre (formerly Virginia Roberts)

Telephone

I hereby authorize Employment Training and Recruitment Australia to release information from the employment, payroll, workers compensation, and personnel records of Virginia Guiffre (formerly Virginia Roberts)

To: Laura Menninger, HADDON, MORGAN & FOREMAN, PC, 150 East 10th Avenue, Denver, CO 80203. Tel: 303-831-7364; Fax: 303-832-2628

These records are being released for the purpose of litigation in the case captioned *Virginia Guiffre v. Ghislaine Maxwell*, 15-CV-07433-RWS, in the United States District Court for the Southern District of New York.

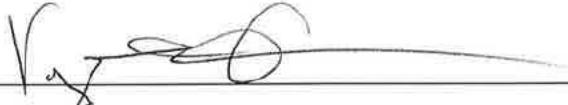
I specifically authorize the release of the following: all employment applications, payroll/salary records, letters of commendation or discipline, performance evaluation, vacation records, absenteeism records, medical records, requests for accommodations, and/or any and all records in my personnel files, however maintained.

This authorization is valid until the 180th day after it is signed, unless it is otherwise revoked.

The undersigned, have read and authorize the release of such information as herein contained. I have the right to revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon it. I understand that when this information is used to disclose pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. I hereby release and hold harmless the above named facility and its parent company from all liability and damages resulting from the lawful release of my protected health information.

Date 04 / 28 / 18

Signature of Employee:



AUTHORIZATION FOR THE RELEASE OF PERSONNEL/PAYROLL RECORDS

Employees Name:

Virginia Guiffre (formerly Virginia Roberts)

Telephone

I hereby authorize Calmao Flamenco Bar & Restaurant to release information from the employment, payroll, workers compensation, and personnel records of Virginia Guiffre (formerly Virginia Roberts)

To: Laura Menninger, HADDON, MORGAN & FOREMAN, PC, 150 East 10th Avenue, Denver, CO 80203. Tel: 303-831-7364; Fax: 303-832-2628

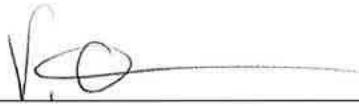
These records are being released for the purpose of litigation in the case captioned *Virginia Guiffre v. Ghislaine Maxwell*, 15-CV-07433-RWS, in the United States District Court for the Southern District of New York.

I specifically authorize the release of the following: all employment applications, payroll/salary records, letters of commendation or discipline, performance evaluation, vacation records, absenteeism records, medical records, requests for accommodations, and/or any and all records in my personnel files, however maintained.

This authorization is valid until the 180th day after it is signed, unless it is otherwise revoked.

The undersigned, have read and authorize the release of such information as herein contained. I have the right to revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon it. I understand that when this information is used to disclose pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. I hereby release and hold harmless the above named facility and its parent company from all liability and damages resulting from the lawful release of my protected health information.

Date 04/28/16

Signature of Employee: 

Authorization to Release Student Education Record Information**Student Name:**

Virginia Giuffre (formerly Virginia Roberts)

Telephone

The Family Educational Rights and Privacy Act of 1974, as amended, protects the privacy of educational records, establishes the rights of students to inspect and review their educational records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings. This release applies to the disclosure of educational records.

I hereby authorize Growing Together to release the education records of Virginia Giuffre (formerly Virginia Roberts). This authorization does not authorize the release of medical information, medical records, medical history, medical treatment records, prescription information, notes, or other documentation related to the treatment of any type of substance abuse or addiction of the undersigned. This authorization is for academic records only. Any release of medical information will be reported to all relevant authorities, and Ms. Giuffre will seek redress against Growing Together under both Florida and Federal law.

To: Laura Menninger, HADDON, MORGAN & FOREMAN, PC, 150 East 10th Avenue, Denver, CO 80203. Tel: 303-831-7364; Fax: 303-832-2628

These records are being released for the purpose of litigation in the case captioned *Virginia Giuffre v. Ghislaine Maxwell*, 15-CV-07433-RWS, in the United States District Court for the Southern District of New York.

The authorization includes all information in my educational records, including truancy records, attendance records, disciplinary records, grades, house, classes, financial information, graduation records, or any other records or information relating to my attendance at this educational facility. This authorization does not authorize the release of medical information, medical records, medical history, medical treatment records, prescription information, notes, or other documentation related to the treatment of any type of substance abuse or addiction of the undersigned. This authorization is for academic records only. Any release of medical information will be reported to all relevant authorities, and Ms. Giuffre will seek redress against Growing Together under both Florida and Federal law.

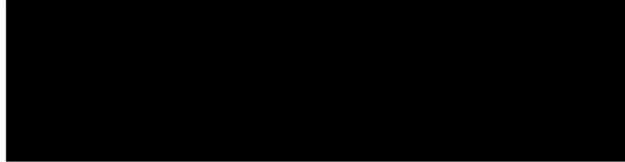
The above information will be released with my full consent. I understand that this authorization remains in effect unless specifically revoked. It will be necessary to send a written letter to revoke this authorization prior to the expiration date I have indicated, if I choose to end it sooner.


Virginia Giuffre (f/k/a Virginia Roberts) - Student Allowing Release of Academic Information

Date: 04/28/16

Authorization to Disclose Protected Health Information

Name: **Virginia Giuffre**

Address: 

Date of Birth: 

Soc. Sec. # 

I hereby authorize the use and/or disclosure of my protected health information as described in this authorization.

1. Specific person/organization (or class of persons) authorized to provide the information:

Dr. Karen Kutikoff

2. Specific person/organization (or class of persons) authorized to receive and use the information:

Laura Menninger

Haddon, Morgan and Foreman, P.C.

150 East 10th Avenue, Denver, Colorado 80203

3. Specific description of the information: **Medical records from 1999 to the present**, including, but not limited to, all of my office medical records, hospital medical records, patient information sheets, questionnaires, x-rays, other diagnostic studies and laboratory tests, emergency room records, out-patient records, consultation records, therapy records, and all other in-patient or out-patient hospital notes, charts, documents, all personal notes and all billing records.

4. Specific purpose for the use and/or disclosure of the protected health information: At my request in connection with litigation pending in the County District Court.

5. I understand this authorization will expire, without my express revocation, one year from the date of signing, or if I am a minor, on the date I become an adult according to state law. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken based on this authorization. I understand that revocation will not apply to information that has already been released as specified by this authorization or to my insurance company when the law provides my insurer with the right to contest a claim under my policy or the policy itself.

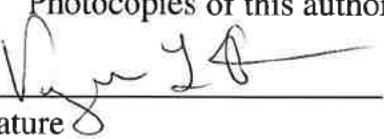
6. I understand that the medical information released by this authorization may include information concerning treatment of physical and mental illness, alcohol/drug abuse and past medical history.

7. I understand that after this information is disclosed, federal law might not protect it and the recipient might disclose it.

8. I understand that I am entitled to receive a copy of this authorization.

9. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment from the above-named medical provider.

10. Photocopies of this authorization are to be given the same effect as the original.



Signature

04/28/16
Date

Authorization to Disclose Protected Health Information

Name: Virginia Giuffre

Address: [REDACTED]

Date of Birth: [REDACTED]

Soc. Sec. # [REDACTED]

I hereby authorize the use and/or disclosure of my protected health information as described in this authorization.

1. Specific person/organization (or class of persons) authorized to provide the information:

Wellington Imaging Associates, P.A.

2. Specific person/organization (or class of persons) authorized to receive and use the information:

Laura Menninger

Haddon, Morgan and Foreman, P.C.

150 East 10th Avenue, Denver, Colorado 80203

3. Specific description of the information: **Medical records from 1999 to the present**, including, but not limited to, all of my office medical records, hospital medical records, patient information sheets, questionnaires, x-rays, other diagnostic studies and laboratory tests, emergency room records, out-patient records, consultation records, therapy records, and all other in-patient or out-patient hospital notes, charts, documents, all personal notes and all billing records.

4. Specific purpose for the use and/or disclosure of the protected health information: At my request in connection with litigation pending in the County District Court.

5. I understand this authorization will expire, without my express revocation, one year from the date of signing, or if I am a minor, on the date I become an adult according to state law. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken based on this authorization. I understand that revocation will not apply to information that has already been released as specified by this authorization or to my insurance company when the law provides my insurer with the right to contest a claim under my policy or the policy itself.

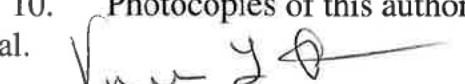
6. I understand that the medical information released by this authorization may include information concerning treatment of physical and mental illness, alcohol/drug abuse and past medical history.

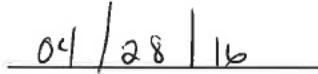
7. I understand that after this information is disclosed, federal law might not protect it and the recipient might disclose it.

8. I understand that I am entitled to receive a copy of this authorization.

9. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment from the above-named medical provider.

10. Photocopies of this authorization are to be given the same effect as the original.


Signature


Date

Authorization to Disclose Protected Health Information

Name: Virginia Giuffre

Address: [REDACTED]

Date of Birth: [REDACTED]

Soc. Sec. # [REDACTED]

I hereby authorize the use and/or disclosure of my protected health information as described in this authorization.

1. Specific person/organization (or class of persons) authorized to provide the information:

Mona Devanesan

2. Specific person/organization (or class of persons) authorized to receive and use the information:

Laura Menninger

Haddon, Morgan and Foreman, P.C.

150 East 10th Avenue, Denver, Colorado 80203

3. Specific description of the information: **Medical records from 1999 to the present**, including, but not limited to, all of my office medical records, hospital medical records, patient information sheets, questionnaires, x-rays, other diagnostic studies and laboratory tests, emergency room records, out-patient records, consultation records, therapy records, and all other in-patient or out-patient hospital notes, charts, documents, all personal notes and all billing records.

4. Specific purpose for the use and/or disclosure of the protected health information: At my request in connection with litigation pending in the County District Court.

5. I understand this authorization will expire, without my express revocation, one year from the date of signing, or if I am a minor, on the date I become an adult according to state law. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken based on this authorization. I understand that revocation will not apply to information that has already been released as specified by this authorization or to my insurance company when the law provides my insurer with the right to contest a claim under my policy or the policy itself.

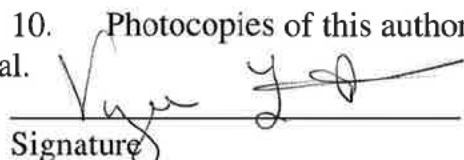
6. I understand that the medical information released by this authorization may include information concerning treatment of physical and mental illness, alcohol/drug abuse and past medical history.

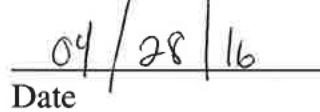
7. I understand that after this information is disclosed, federal law might not protect it and the recipient might disclose it.

8. I understand that I am entitled to receive a copy of this authorization.

9. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment from the above-named medical provider.

10. Photocopies of this authorization are to be given the same effect as the original.


Signature


Date