

Plaintiff Confidentiality Release Letter

P&T Financial
8 Azalea Lane
San Carlos, Ca 94070
(650) 591-6100
Fax (650) 591-6120

Consultant Name: _____

Consultant Phone: (____) _____ - _____ Fax (____) _____ - _____

Date: _____ / _____ / _____

Attorney Name:

Firm Name:

Address:

City, State, Zip:

Telephone Number: () _____ - _____

Fax Number: () _____ - _____

Dear << >> (Attorney Name):

I, _____ (Plaintiff Name), hereby request and authorize your firm to cooperate and release to P&T Financial any and all information and documents pertaining to my current case. These may include, but are not limited to, my MRI Report, Police/Accident Report, Emergency Room Report, Operative Report, Expert Reports, Complaints and Narratives. I additionally ask that you share your candid opinion regarding this action with the above financial provider.

By execution hereof, I acknowledge that you assume no financial liability or proffer no guarantees to P&T Financial or myself on the possibility of successful settlement, verdict or other means of collection.

Thank you in advance for your cooperation in this matter.

Sincerely,

x _____ (Signed)

_____ (Printed)

SSN: _____ - _____ - _____

DOB: _____ / _____ / _____

cc: P&T Financial

Enclosed: Plaintiff Photo ID