

Release of Information Authorization

RONALD PATRICK SWINEY
Name of Inmate

154406 - 10-24-44
Inmate ID Number/Date of Birth

DONALDSON PRISON
Facility Releasing Information

3 DECEMBER 2002
Date

I hereby give my consent to NAPHCARE, INC. and the above named facility to release the following information from my medical record to the facility/provider listed below:

Records related to treatment of RONALD PATRICK SWINEY # 154406
from incarceration date to present .

- Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care.
- Admission Reports Discharge Reports Operative Summary Reports
- X-Ray Reports Special Studies Reports Laboratory Reports
- Immunization History Mental Health Reports Psychiatric Summary Report
- Drug Treatment History and Counseling
- Other Records ANY AND ALL MEDICAL RECORDS

DONALDSON PRISON
Facility Releasing Information

This information has been disclosed to you from records whose confidentiality is protected by State law. State regulations prohibit you from making any further disclosure of this information without the prior written consent of the person to whom it pertains.

I understand this authorization shall remain in full force and effect for the period of 13 Nov. 2002 from today's date unless withdrawn in writing by me.

I sign this willingly, and I release NAPHCARE, INC. and the facility from any liability which may result from such release of information.

Ronald Patrick Swiney 154406
Inmate Signature

13 Nov. 2002
Date

Witness

Witness