RELEASE OF MEDICAL INFORMATION

AutoPath LLC Authorization for Use or Disclosure of Protected Health Information

I hereby authorize any and all medical facilities and providers (hospitals, physicians, clinics, fire rescue teams, doctors, surgeons or nurses) to release to AutoPath LLC, or its representatives, Edward D. McDade, Jr. M.D. or Elizabeth A. McDade, 19045 Lake Swatara Drive, Eustis, Florida, 32736, any and all medical records, medical information, X-rays or other medical information in their possession on the medical condition or medical history of my late (circle appropriate title) Husband – Wife – Father – Mother – Son – Daughter – Brother - Sister.

Purpose: This authorization is for the release of medical information to Edward D. McDade Jr. M.D., aka AutoPath LLC, in his professional capacity as an MD Pathologist, or to Elizabeth McDade, as his Agent, to correlate Autopsy Findings and Diagnoses.

This authorization will remain in effect for 1 (one) year unless removed in writing at any time. I understand that state law prohibits re-disclosure of the information released to Edward D. McDade Jr. M.D., aka AutoPath LLC, or Elizabeth McDade, aka AutoPath LLC, without my written authorization. **The person signing this authorization should be the "Informant" listed on the Death Certificate.**

Patient Name ______________________________ **SS#** ______________________________

who expired on ______________________ ______________________________

(Date) **City/State**

______________________________ ______________________________

(Printed name of person authorizing) **(Signature of person authorizing)**

______________________________ ______________________________

State of Florida County of **Date signed**

Personally appeared before me the above named who acknowledged that he/she voluntarily executed the following:

Sworn to and Subscribed before me on this date: ______________________________

Day Month Year

______________________________ ______________________________

Signature of Notary **My Commission Expires**

Personally Known ( ) or Type of Identification Produced:

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