

EXHIBIT B
TO PROTOTYPE ASBESTOS PRE-TRIAL CASE MANAGEMENT ORDER
(See Order dated _____)

**AUTHORIZATION FOR THE RELEASE OF RECORDS
INCLUDING CONFIDENTIAL RECORDS**

TO: [Plaintiff to leave blank for completion by Defendants' Representative]

I _____, hereby authorize you to release to and/or permit inspection and copying by [Plaintiff to leave blank for completion by Defendants' Representative] or their representatives, any and all information including but not limited to:

Check all that apply:

- Medical (all medical information including but not limited to charts, records, reports, histories, laboratory studies, notes, x-rays and/or outpatient records, all chest x-rays, CT scans, cytology, pathology (including all slides and paraffin blocks), and PFT data and printouts)
- Employment (any and all employment information including but not limited to job descriptions, promotions, payroll, medical, injury and/or Workers' Compensation records)
- Military (any and all United States military service records, personnel records, medical and hospital records, or other records of any nature which relate to my military service)
- Veterans (any and all U.S. Veteran's Administration records, personnel records, medical and hospital records, or other records of any nature)
- Social Security (any and all social security records or other records of any nature)

pertaining to _____; Date of Birth: _____; Social Security No. _____
_____; for purposes of review, evaluation and evidence in connection with a lawsuit filed
_____.

This authorization is given in compliance with the Federal Confidentiality Law (21 U.S.C. Section 1175, 42 CFR Susection 2.1-2.67.1 and Health & Safety Code Section 199.2(g) and California Civil Code Section 56, et seq.) and specifically allows you to release alcohol, drug, psychiatric, sickle cell anemia information and/or HIV test results which are not unequivocally negative.

This authorization is given in compliance with the Federal Privacy Act (5 U.S.C. Section 552a(b)) and the California Confidentiality of Medical Information Act (Civil Code Section 56.10, et seq.), the restrictions of which have been specifically considered and are hereby expressly waived. A photocopy of this authorization shall be valid as the original.

This authorization is effective immediately and shall remain in effect for 180 days.

I understand I have a right to receive a copy of this authorization upon request.

Copy requested: _____ Yes _____ No Initials: _____

I understand I have a right to receive copies of my records fourteen (14) days before they are sent to the authorized party upon request (except for Social

Security records), and to object to information that is sensitive or privileged, said objection to be ruled upon by the Court if a ruling is requested.

Advance copies
requested: _____ Yes _____ No. Initials: _____

To be sent to: _____

Dated: _____

The language of this authorization has been authorized by _____ Court.