

Release of Information Authorization

Ronald Patrick Swiney

154406

10/24/1944

Name of Inmate

Inmate ID Number/Date of Birth

Donaldson prison

Facility Releasing Information

December 27, 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 from Date of incarceration 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 other medical and psychiatric records

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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this authorization shall remain in full force and effect for the period of - /180 days from today's date unless withdrawn in writing by me.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.

From Donaldson prison

Ronald Patrick Swiney 154406 Inmate Signature

Date Witness Witness

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