

AUTHORIZATION AND RELEASE

TO: Trustees of the Lawyers Helping Lawyers Foundation, Inc.
c/o Deanna Harris, LCSW, CEAP
Director of Employee Assistance Services, CABA, Inc.
2601 NW Expressway, Suite 104E
Oklahoma City, Oklahoma 73112
Telephone: (405) 840-0231
Fax: (405) 840-5456

I, _____, OBA No. _____ hereby authorize
the release of any and all information or records to and from any or all of the following:

- Deanna Harris, Director of Employee Assistant Services, CABA, Inc.;
- Trustees of the Lawyers Helping Lawyers Foundation, Inc.
- LHL mentor
- Approved mental health providers.

regardless of the extent to which such information is confidential, privileged, or otherwise protected by local, state or federal law for purposes of verifying compliance with the Contract I made with the Lawyers Helping Lawyers Assistance Program Committee.

Furthermore, I agree that Deanna Harris, any LHL mentor or approved mental health provider shall immediately notify the Lawyers Helping Lawyers Assistance Program of any material variation from recommended assessment or treatment, including missed appointments without reasonable cause.

This authorization automatically expires upon the termination date of my Contract with the Lawyers Helping Lawyers Assistance Program Committee, unless such agreement is extended, and in that event until such extension expires. I agree to provide a copy of this Authorization and Release to all persons identified herein who may request same for their records.

To the extent not covered by statutory immunity, I release the Lawyers Helping Lawyers Foundation, Inc., the Lawyers Helping Lawyers Assistance Program Committee, the Oklahoma Bar

Association and its Ethics Counsel, and all of the entities listed above, their agents and employees, sponsors, and monitors, in connection with the use or disclosure of the information covered by this authorization.

I will be responsible for all expenses charged by any of the above persons or entities for receiving or providing any information, including copy and mailing costs.

I may revoke this Authorization in writing at any time, but in so doing, I understand that my Contract with Lawyers Helping Lawyers Assistance Program Committee itself will also thereby be automatically revoked. The revocation is not effective until received by the Trustees of the Lawyers Helping Lawyers Foundation, Inc.

This Authorization is dated the ____ day of _____, 20____, but is effective as of _____.

Signature

This Authorization and Release was acknowledged before me this ____ day of _____, 20____, by _____.

[SEAL]

My Commission Expires: _____

Notary Public: _____