

**CIVIL COURT OF THE CITY OF NEW YORK
COUNTY OF _____**

**WAIVER AND
AUTHORIZATION**

Plaintiff(s),

Index No.:

-against-

Calendar No.:

Defendant(s).

THE UNDERSIGNED (PLAINTIFF)/(DEFENDANT) in the above-captioned matter,

and his/her counsel, _____ of the Law Firm of

_____ do hereby specifically agree to disclose and authorize

review of the subpoenaed medical records to (Plaintiff's) (Defendant's) counsel, and their

designated agents, servants and/or employees, all personnel of the Court duly authorized to come

into contact with such records, and to the Court itself. This waiver and authorization is for the

duration of this litigation, including all appellate proceedings, and is only for the benefit of the

above-named persons for the purposes of this litigation.

This review is specifically authorized and intended to absolve the above-listed persons from liability under the Public Health Law, Article 27-F, Sections 2780-2787.

(PLAINTIFF) (DEFENDANT)

Sworn to before me this ____ day of _____,
20 ____.

Notary Public/Court Employee

COUNSEL FOR (PLAINTIFF)
(DEFENDANT)