



purpose(s): at the request of the individual plaintiff/or plaintiff's representative for use in civil litigation in a civil action concerning asbestos exposures brought on behalf of the plaintiff and currently pending in the U.S. District Court for the Eastern District of Pennsylvania.

V. EXPIRATION OF AUTHORIZATION: This authorization will expire six months after the date of signature.

VI. AUTHORIZING SIGNATURE OF PLAINTIFF OR PLAINTIFF'S REPRESENTATIVE:

I authorize the use or disclosure of the records/information described below and:

- A. I am not required to sign this authorization and may in fact refuse to sign this authorization.
- B. I understand that the authorized entity will not condition my claim or any payment made thereon based on my signing this authorization.
- C. I understand that if the person or entity that receives the described records/information is not subject to federal privacy regulations or other laws then the records/information may be re-disclosed and are no longer protected by those regulations.
- D. I know that I may inspect or copy the information sought to be used or disclosed in this authorization as permitted by the Federal privacy regulations.
- E. I know that I have the right to revoke this authorization at any time. My revocation must be in writing and must bear my signature. My revocation must be submitted to the authorized entity named above.
- F. I understand that if I do revoke this authorization, however, my revocation will not affect any prior actions taken in reliance on this authorization.

A photostatic and/or a *PDF* copy of this authorization shall be considered as effective and valid as the original.

I certify that I have read, signed, and received a copy of this authorization.

\_\_\_\_\_  
Signature of Plaintiff's Counsel

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Printed Name of Plaintiff's Counsel

\_\_\_\_\_  
Address of Plaintiff's Counsel