

LIMITED WAIVER OF CONFIDENTIALITY / PRIVILEGE

Notwithstanding The Health Insurance Portability And Accountability Act of 1996 (HIPAA), Public Law 104-191, 42 U.S.C. Sec 1320d, or any other statute, enactment, law, act, code, ordinance, rule, regulation, order, or anything else to the contrary, any Agent named by the undersigned, or all of the Agents named by the undersigned, acting alone, or acting in concert with any one or more of the Agents named by the undersigned in a Durable Health Care Power of Attorney executed by the undersigned, is/are hereby specifically authorized, individually or collectively, by the undersigned to receive, acquire, purchase, procure, recover, retrieve, obtain, possess, and use any and all medical records, files, materials and/or charts, bills, or accounts, regardless if written, typed or printed, on microfilm, on microfiche, on audio or video disk or diskette or cassette, on floppy disk or hard disk or drive, or stored on some other medium or in some other manner not herein specifically set forth, and which may come into existence at some future date, and which is in the possession of, any of the following, regardless if any of the following did not prepare any of such records, files, materials, or charts:

- Physician (M.D.);
- Psychologists;
- Chiropractors;
- Osteopathic Physicians (D.O.);
- Nurses;
- Nursing Homes;
- Care facilities of all types;
- Dentists;
- Hospitals;
- Hospices;
- Laboratory;
- Pharmacists and Pharmacies;
- Therapists of all types;
- Social Workers;
- Insurance companies;
- Any other facility or provider of medical or dental services regardless of type;

pertaining to the undersigned and the undersigned hereby specifically waives any and all privileges appertaining to any and all of such records, files, bills, materials or charts.

The undersigned signs his/her name to this instrument this ____ day of _____, 200__, and being duly sworn does hereby declare to the undersigned authority that he/she signs and executes this instrument as a Limited Waiver of Confidentiality/Privilege, which is superior to anything prior signed by the undersigned pertaining to the aforesaid law, that he/she signs it willingly, that he/she executes it as his/her free and voluntary act for the purposes therein expressed, that he/she is eighteen years of age or older, of sound mind, and acting under no duress, constraint, or undue influence.

Signature of Principal: _____

Principal's Printed Name: _____

STATE OF ARIZONA)
) ss.
County of _____)

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 200__, by _____, who personally appeared before the undersigned Notary Public and signed this Limited Waiver of Confidentiality / Privilege in front of me, or acknowledged the signature hereinabove set forth as his/her personal free act and deed.

SEAL

Notary Public