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**ATTORNEY-CLIENT COMMUNICATION: THIS DOCUMENT AND
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**CLIENT NOT A MEMBER OF A LEGAL INSURANCE PLAN- THE FIRST FORTY FIVE
MINUTES OF INITIAL CONSULTATION- \$75.00.**

**ALL TIME THEREAFTER CHARGED AT NORMAL HOURLY RATE UNLESS AGREED TO
OTHERWISE AT BEGINNING OF CONSULTATION.**

**CLIENT STATUS LIMITED TO INITIAL CONSULTATION UNLESS ADDITIONAL
WRITTEN AGREEMENT EXECUTED BY CLIENT AND ATTORNEY.**

CLIENT INFORMATION FORM

DATE: _____

CLIENT'S NAME: _____

RESIDENCE ADDRESS: _____

RESIDENCE PHONE: _____

EMPLOYER NAME AND ADDRESS: _____

BUSINESS PHONE: _____

FACSIMILE NO.: _____

DATE OF BIRTH: _____

MARITAL STATUS: _____

SOCIAL SECURITY NO.: _____

DRIVER'S LICENSE NO.: _____

LEGAL PLAN MEMBERSHIP NO. _____

LEGAL PLAN NAME: _____

CASE NUMBER: _____

AUTHORIZATION NO.: _____

EMAIL ADDRESS: _____

SPOUSE'S NAME: _____

EMPLOYER NAME AND ADDRESS: _____

PERSON WE CAN CONTACT IF WE CANNOT REACH YOU:

NAME: _____

ADDRESS: _____

RESIDENCE PHONE: _____

BUSINESS PHONE: _____

RELATIONSHIP: _____

WE MAY TRANSMIT YOUR PROTECTED HEALTH INFORMATION ELECTRONICALLY IN THE COURSE OF OUR REPRESENTATION OF YOU.*

SIGNATURE

* REQUIRED NOTICE UNDER The Texas Health and Safety Code, Sec. 181.154-HB 300

Because our law firm gathers, stores and electronically transmits medical records(Protected Health Information-PHI), we are required to post a notice to clients that their protected health information is subject to electronic disclosure.

Texas and Federal Law prohibits any electronic disclosure of a client's protected health information to any person without a separate authorization from the client for each disclosure. This authorization for disclosure may be made in written or electronic form or in oral form if it is documented in writing by our law firm.

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