

Sample Client Activity Letter

June 20, 20—

Mr. John J. Client
123 Main Street
Anytown, Louisiana 45678

RE: File Subject or Matter Description
Our File _____

Dear Mr. Client:

Enclosed please find copies of the following:

1. _____;
2. _____; and
3. _____.

Please note the following:

- ___ We are sending this to you for your information and file only; no action is required at this time.
- ___ Review the enclosed and call me if you have any questions or comments.
- ___ Review the enclosed and call me after your review; I would like to discuss the enclosed with you.
- ___ Review the enclosed and call _____ in my office to discuss these.
- ___ Sign on the designated signature blanks and return same to me.
- ___ Sign on the designated signature blanks before a notary and two witnesses, and return same to me.
- ___ Note your comments on the enclosed and return same to me.
- ___ Have these documents reviewed by all appropriate parties and call me to discuss.
- ___ Forward copies of the documents requested so that we may proceed accordingly.
- ___ Other: _____

If you should have any questions, please don't hesitate to give me a call.

Sincerely,

FIRM NAME

Attorney Name

[NOTE: Instead of a letter, three-part carbon transmittal slips or message reply/memo sheets can be used for the same purposes.]

Sample E-Mail Communication Letter

June 20, 20—

Mr. John J. Client
123 Main Street
Anytown, Louisiana 45678

Dear Mr. Client:

Please send me a reply to this e-mail so that I can be sure that I have your correct e-mail address before I transmit anything via e-mail. Also, as previously discussed, e-mail is not secure. If you are concerned about the security of our communications, please contact me immediately and advise me not to transmit correspondence via e-mail in the future. Otherwise, I will continue to assume that you desire for me to continue to transmit correspondence to you via e-mail.

All future correspondence transmitted via e-mail will be attached in an Adobe PDF document that is encrypted and password-protected for your security. If you cannot remember the password that I have supplied to you, please contact me via telephone.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

FIRM NAME

Attorney Name

Authorization for Release of Information from Former Attorney

TO: _____

RE: _____

You are hereby authorized to furnish to the law firm of _____, and their duly authorized representatives, copies of any and all information and/or documentation they may request concerning your prior representation of me in the following matter:

This authorization shall constitute valid authorization for the firm of _____ to inspect all such items set forth above, and to copy, and to request and receive copies, including certified copies, thereof from you. You are also authorized to discuss any and all aspects of your former representation of me with said firm. It is my understanding that, to the extent provided by law, such information shall be deemed confidential.

This authorization is valid until you receive written revocation. A copy of this authorization shall be sufficient and as good as the original, and permission is hereby granted to honor a photostatic copy of this authorization.

Signed at _____, Louisiana, this _____ day of _____, 20__.

Signature of Client

Typed Name of Client

HIPAA Authorization to Disclose Protected Health Information

I hereby give permission for my personal medical information to be used and given out as described below.

Patient Name: _____

Patient Social Security Number: _____

Patient Date of Birth: _____

The following person(s) or organization(s) are permitted to provide the information:

The following attorney(s) or law firms(s) are permitted to receive and use the information (name, address and telephone number):

The above-named attorney(s) and law firm(s) are permitted to receive the information and are hereby appointed as my representative pursuant to La. R.S. 40:1299.96(A)(2)(b) for the limited purpose of obtaining and using any and all information the releasing person(s) or organization(s) may have concerning treatment or services rendered to the undersigned for any reason, including but not limited to notes (handwritten and/or typed), charts, medical reports, face sheets, discharge summaries, history and physical, consults, laboratory results, reports of x-rays and copies of any and all actual films and/or x-rays, outpatient records, test results, operative reports, pathology reports, physician orders, progress notes, emergency records, therapy records, nurse's notes, opinions, diagnoses, prognoses, histories, statements and/or bills, correspondence, pharmaceutical records, including but not limited to date of prescription, prescribing physician, name of drug, dosage and amount dispensed, and/or any other medical information regarding any treatment, whether inpatient or outpatient. This specifically includes documents to and from other health care providers, attorneys, insurance companies, etc.

The information will be used or given out for the purposes of handling the attorney's or law firm's duties in the investigation and possibly litigation of claims in which I am involved. This authorization is initiated at my request and the health information will be disclosed at my request. Health information released as a result of this authorization may be re-disclosed or shared by the persons or organizations receiving the information and might not be protected by federal or state regulations upon such disclosure.

I understand that I may refuse to sign this authorization. I further understand that my refusal to sign will not affect my ability to obtain treatment unless a third party requests that treatment and/or release of information.

I understand that I may revoke, or withdraw, this authorization at any time by sending a written notice to the above-named person or organization authorized to release the information. This revocation will be effective for future uses and disclosures of the information described above. The revocation will not have any effect on information already used or given out.

This authorization expires upon final resolution of the litigation entitled:

I authorize the release of records only, and do not authorize oral communications by the health care provider to the authorized requesting person(s) or organization(s).

The authorized requesting party shall provide to me or my attorney a copy of this authorization at the same time the authorization is provided to the health care provider(s) authorized above to release information.

The authorized requesting party shall mail to me or my attorney a copy of all records received pursuant to this request within seven days of receipt of the information.

A photocopy of this form will serve as an original.

Signature of Patient or Representative

Date

Printed Name of Patient

Relationship to Patient if Signed by Representative

A copy of this completed form must be given to the patient or the person signing on the patient's behalf.

Authorization for Release of Financial Records

TO: Custodian of Records

RE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

You are hereby authorized to furnish to the law firm of _____, and their duly authorized representatives, copies of any and all information they may request concerning any salaries, bonuses, commissions, allowances, travel expenses, stocks, investments, retirement and pension plans, stock ownership or option plans, pay deferral or provident funds, defined contribution plans, other employee benefit plans, incentive plans, termination benefits, mutual funds, growth funds, life insurance policies, bank accounts, credit union accounts, savings accounts, money market accounts, certificates of deposit, installment loans, mortgage loans, personal loans, signature loans, any other direct indebtedness or obligation incurred by me or on my behalf, any indirect indebtedness or obligation incurred by me or on my behalf (including, but not limited to, any indebtedness or obligation for which I am a co-borrower, guarantor, or surety), savings plans, 401(k) accounts, and Individual Retirement Accounts in which I may have or had an interest, or other information in your possession regarding me, to the following:

This authorization shall constitute valid authorization for the firm of _____ to inspect all such items set forth above, and to copy, and to request and receive copies, including certified copies, thereof from you.

This authorization is valid until you receive written revocation. A copy of this authorization shall be sufficient and as good as the original, and permission is hereby granted to honor a photostatic copy of this authorization.

Signed at _____, Louisiana, this _____ day of _____, 20 ____.

Signature of Employee or Customer

Typed Name of Employee or Customer

Sample Court Appearance or Hearing Letter

June 20, 20—

Mr. John J. Client
123 Main Street
Anytown, Louisiana 45678

RE: {Case Name & Number}

Dear Mr. Client:

Your case has been set for hearing/trial on _____ at _____ o'clock in the parish courthouse, located at _____ in _____. Your case is before Judge _____ in courtroom _____.

You will find it most convenient to park {specify parking lots, etc.}. Judge _____'s courtroom is located on the _____ floor. I will meet you {location} at _____ o'clock the day of the trial.

This is a hearing on {issue}. {This is a trial on the merits.}

Please be present for this. If you have any questions, please feel free to call.

Sincerely,

FIRM NAME

Attorney Name

Sample Deposition Scheduling Letter

June 20, 20—

Mr. John J. Client
123 Main Street
Anytown, Louisiana 45678

RE: Deposition
Our File _____

Dear Mr. Client:

Your discovery deposition has been scheduled for _____ at _____ o'clock here in our offices. I will meet with you in our office at _____ o'clock, one hour prior to the deposition, to answer any questions you may have concerning this matter. Please review the enclosed Deposition Instructions before we meet.

I look forward to seeing you on _____ for your deposition. Until then, if you have any questions, please feel free to call.

Sincerely,

FIRM NAME

Attorney Name

Enclosure

Deposition Instructions to Client

Note to Attorney: Some of the advice provided below is applicable primarily in personal injury cases. Practitioners will wish to tailor these instructions to suit particular cases.

Under the law, the other lawyer has a right to take your "discovery deposition." This means that you will be put under oath and the lawyer will ask you questions relating to this case. The lawyer's questions and your answers will be taken down by a court reporter. One of your lawyers will be present at all times.

There will be no judge or jury present. However, after the deposition is over, the court reporter will type out all the questions and answers, and both your lawyer and the other lawyer will receive copies. The original may be filed in court.

The deposition will assist the opposition in evaluating your case for settlement purposes and can be used at trial if your testimony is different than at the deposition. For this reason, it's important to prepare before your deposition and handle yourself well during the deposition. Below is a list of instructions.

Instructions:

1. You should be clean, and wear clean, neat clothing.
2. Consider this an important and solemn occasion, and treat all persons in the deposition room with respect.
3. Come prepared to exhibit any and all injuries which you have suffered.
4. If this is a personal injury case, have with you the facts and figures of time lost from work, lost wages, and all medical bills incurred as a result of your injury.
5. Tell the truth.
6. Never lose your temper.
7. Don't be afraid of the lawyers.
8. Speak slowly and clearly, and answer "yes" or "no" rather than "uh huh" or a nod or shake of your head.
9. Answer all questions directly and concisely.
10. NEVER VOLUNTEER any information. After the question has been asked, answer it. If "yes" or "no" will answer the question, do so and then STOP.
11. Do not magnify your injuries or losses.
12. If you don't know, admit it. It is IMPERATIVE that you be HONEST and STRAIGHTFORWARD in your testimony.
13. Do not try to memorize your story. Tell your story to the best of your ability.
14. Do not answer a question unless you have heard it and clearly understand it. Ask for the question to be repeated or explained.
15. Do not guess or estimate time, speed or distance unless you are sure that the estimate is correct. When you answer, state that this is your estimate. Review these estimates with us beforehand.

16. Many of the questions you will be asked will not be admissible at the trial. The opposition is entitled to an answer in order to help them prepare their case. Do not try to hide information because you are afraid it can be used at trial to discredit you.
17. If we object to a question, stop talking and wait for our instructions to answer or not answer.
18. If you want to discuss something after the deposition, wait until we are alone.

REMEMBER, if you give the appearance of earnestness, fairness and honesty, and if you keep in mind the suggestions we have made, you will be taking a great stride toward successful completion of the litigation in which you are involved.

Confidentiality Agreement

As an employee of (Law Firm), I acknowledge that I have been instructed regarding the confidentiality of all firm business, client disclosures, activity and records and, except as required by law in the course of my duties, or where instructed in writing by my supervisor, I am aware that all client disclosures, firm books, records, files and memoranda are to be treated in strict confidence. I pledge that I will not disclose information relating to the firm, its business or its clients during my employment or after termination thereof, whether such termination be voluntary or involuntary. I understand that any breach of confidentiality will be grounds for my immediate dismissal as a firm employee.

This the _____ day of _____, 20 _____.

Signature

Witness

Attorney's Signature