

**AUTHORIZATION FOR REPRESENTATION  
AND RELEASE OF INFORMATION**

I, the undersigned, hereby authorize WRIGHT ABSHIRE, Attorneys, a Professional Corporation, to represent my interests with regard to Medical Assistance, Community Care, and all other public benefits and services administered by the Texas Department of Human Services.

I further authorize the Texas Health and Human Services Commission and/or the Texas Department of Aging and Disability Services and all financial institutions, physicians and other medical providers, nursing home administrators and agents, insurance companies, employers, accountants, brokers, governmental agencies and other persons and entities of any description in possession of information pertaining to any assets or income I may own, and/or medical or health condition or information pertaining to me, and/or any public benefits to which I may be entitled, and/or any debts or other liabilities I may have, to provide to Wesley E. Wright, Molly Dear Abshire, Joy Eckelkamp-Torres, Kelley M. Bentley, Lance McLain, and the agents and employees of Wright Abshire, copies of all records and reports in your possession pertaining to me and to discuss with them and provide information of any kind regarding any and all affairs relating to me.

Such records, reports and information are to be used for my benefit in the course of legal representation.

Photocopies of this Authorization, including any signature, are valid.

SIGNED on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Social Security Number