

LAW OFFICES
PARKS & ASSOCIATES

A Professional Corporation

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RE: Your Personal Injury Case

Dear Client:

This letter is to advise you that I have opened my file regarding your case. Thank you for selecting this office to represent you and please be assured that I will aggressively pursue your interests in this matter.

To help your case proceed as smoothly as possible, it is important that you retain the receipts for any expenses you may incur in this matter, including medical bills; and that you promptly send or bring them to me as soon as possible.

Also, it is imperative that you keep all your medical appointments and that you notify this office of the names of all persons providing medical service to you. Please advise me promptly when you have finished treating with any of these medical service providers.

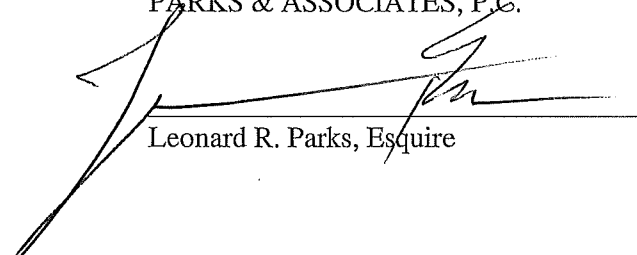
Kindly keep me informed of any changes in your address and/or phone number(s) so that we do not lose contact in case you move.

Also, please be reminded that you are not to discuss this case with anyone, nor are you to sign any papers without first discussing the matter with me.

Of course, feel free to contact me anytime you have questions or concerns.

Very truly yours,

PARKS & ASSOCIATES, P.C.



Leonard R. Parks, Esquire

LRP

CONTINGENT FEE AGREEMENT

I, _____(client) residing at _____, having suffered certain loss, injury or damage as a result of an accident on/or about _____ hereby retain LEONARD R. PARKS & ASSOCIATES, P. C., as my attorney to represent me in connection with said accident. However, it should be noted that PARKS & ASSOCIATES, P. C., reserves the right to allow an Associate Attorney to handle any aspect or aspects of the case. Law firm shall receive 40% of whatever gross sums it obtains on my behalf, either as a result of settlement and/or litigation. If there is no recovery, then client will owe no legal fees to law firm.

I hereby acknowledge receipt of a duplicate copy of this Contingent Fee Agreement.

Client _____

Date _____

HIPAA AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

To:

From: _____

Date of Birth: _____

Social Security Number: _____

1. I authorize the use or disclosure of the above-named individual's health information as described below:

2. The above individual or organization is authorized to make the disclosure.

3. The type and amount of information to be used or disclosed is as follows:
the entire chart for the above-named individual regarding an accident on or about _____

4. This information may be disclosed to and used by the following individual or organization:

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for the purpose of. potential legal proceeding.

5. I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy Unless otherwise revoked, this authorization will expire on the following date, event or condition: If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact Law Offices of Leonard R. Parks & Associates, P.C., 1301 South Broad Street, Suite 200, Philadelphia, PA 19147 (215) 334-4313.

7. I also authorize my attorneys or their delegate to photograph my person while I am present in any hospital.

8. I agree that a photostatic copy of this authorization shall be considered as effective and valid as the original.

Date: _____

Signature of Patient or Legal Representative

If signed by Legal Representative, Relationship to Patient

WHAT YOU, AS A PERSONAL INJURY CLIENT, SHOULD KNOW

1. Insurance Companies do not pay moneys willingly. The Insurance Company can be expected to thoroughly investigate the facts of the accident, the claim for medical treatment and any past injury claims. The insurance Company will obtain copies of all past medical records.
2. The Insurance Company may hire a private investigator to take movies of any physical activity that you may engage in. The Insurance Company may even lay a trap for you, such as to hire you to do physical activity, causing a flat tire, or placing something in the yard that will need to be lifted, etc.
3. The Insurance Company may hire a private investigator that may carry a concealed tape recorder in talking to you to or to your friends. You should not discuss your case with anyone, including friends.
4. It will help your case to tell us about any PRIOR INJURY or PRIOR PAIN to any parts of your body. Many good cases are lost by the injured person's concealing or forgetting a previous injury.
5. You should be sure to furnish us with the names and addresses of all medical care providers. We do not expect you to remember everything in your medical history; therefore it is advisable to have copies made of all medical records so that you can review your own complaints to refresh your memory.
6. Insurance Companies keep a record of any and all kinds of claims against them. The Insurance Company will find out if you have made a previous claim.
7. Tell your doctor about all of your complaints. The doctor's records can only be as complete as the information he/she has received.
8. Keep track of all prescriptions and medicines taken and keep a diary of all your complaints. This will help you remember many months later.
9. It may be necessary some day to have friends, neighbors, or co-workers testify on your behalf. Thus, you should start thinking about who you could call as a witness and make attempts to keep in contact with these persons.
10. Keep us informed of anything that might in any way affect your case. Certainly, nothing should be signed without consulting this office. Moreover any change in doctor, treatment, work status, etc., should be reported to this office promptly. Also, applications for insurance, disability or unemployment benefits should first be checked by this office.
11. Keep this office advised about your whereabouts at all times by letting us know of any changes in address, job locations and phone numbers. Also inform us of all vacation times when you may not be available.

12. Some of the necessary costs of litigating your claim might include expenses of obtaining the Police Report, Investigation Service, Filing Fees, copying fees of Medical records, Doctors reports, depositions, Jury Fees, Transcript Fees, and Witness Fees. Naturally, we will avoid these costs as much as possible.
13. If you have other insurance, we will submit your claims, particularly medical, to that provider.
14. The amount sued for in the Complaint, if and when filed, will probably not be the amount for which your case is settled. Most often that figure is merely preliminary.
15. It can sometimes take years to settle a claim. In fact, it is dangerous to settle some claims within the first year because it often takes a long time for serious injuries to become evident.