



ABRAMS LANDAU, Ltd.
INJURY LAW FIRM

Please take a moment to look through the attached pages, as many of your questions may be answered after doing so. This packet contains the following:

1. **Potential Client Information Sheet.** Please fill this out as completely as you can.
2. The **Authorized Release** allows us to request any and all information that could pertain to your case, including hospital/medical records, wage and employment records, social security file and records, permission to speak with police officers and any other persons investigating the claim, police accident report, and scholastic and attendance records.
3. The **Medical Authorizations** allow us to request your medical records from doctors, hospitals, physical therapists, etc. Without them, we cannot see this privileged information about your physical condition and progress. You need only to sign your name and include your address. **Please DO NOT date these forms.**
4. **Mileage and Prescription Forms** are for you to take home. These forms enable you to more easily keep track of the mileage you travel to and from your doctor's appointments and to keep track of the prescriptions you purchase. It is important that you not only document your mileage, but that you keep your prescription receipts. As you complete a page, you may forward it to our office so that we can submit it for prompt reimbursement.
5. **Facebook and Social Media** usage guidelines.
6. The **Client Checklist** is also for you to take home. This is a list of commonsense tips for you to read over with your family so that you can protect yourself during your claim.

Douglas K. W. Landau, Member of the VA, DC, NJ, CT, FL State Bars



POTENTIAL CLIENT INFORMATION SHEET

Today's Date: _____

Name: _____ DOB: _____

Address: _____

Email: _____ Marital Status: _____

Telephone Number(s): _____ SSN: _____

Date of Injury/Accident: _____ Time of accident/injury: _____

Employer Information _____

Names and Ages of Spouse and/or Children: _____

Brief Description of Accident/Injury/Claim: _____

Name, Address, and Telephone Number for any witnesses or persons who may testify at your hearing as to the accident or your pre-and post-injury condition:



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AUTHORIZED RELEASE

TO: _____

DATE OF INJURY: _____

CLIENT: _____

I hereby request and authorize you to furnish to my attorney, Douglas K.W. Landau, Esquire, or his representatives any and all information which they request with respect to the following:

() Hospital and/or Medical Records& Bills including medical history, consultations, prescriptions, treatment and x-rays, and any and all services rendered with regard to any claims as the result of job related injury, motor vehicle accident, disease, condition or disability I may have.

() Wage and Employment Records

() Social Security File and Records

() Worker's Compensation File and Records

() Permission to speak with police officers and any other persons investigating the claim

() Police Accident Report

() Attendance and Scholastic Records

A copy of this authorization is as valid as the original.

Client's Signature

Date

Address

Social Security No.

Date of Birth

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Authorization to Disclose Health Information

Patient name: _____ DOB: _____ SSN: _____

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

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

Provider name: _____

Provider address: _____

3. The type and amount of information to be used or disclosed is as follows:

_____ Entire Medical Record from _____ to _____

_____ Billing Records from _____ to _____

_____ Other _____

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization: ABRAMS LANDAU, Ltd., 797 Center Street, Herndon, VA 20170, For the purpose of personal injuries sustained in the _____ workers' comp accident.

6. I understand 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 consent 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.

7. 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 (insert HMO director, privacy officer, or other office or individual's name or contact information).

Signature of Patient or Legal Representative

Date

If signed by Legal Representative, Relationship to Patient

Witness Signature

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Jurisdiction Claim Number (JCN)

Claim Administrator Number

Injured Worker Information

Name		Date of Injury/Occupational Disease	
Address		City	State Zip Code

Mileage Log

Date	Miles Traveled	Address From/Address To
Purpose of Travel		From: _____ To: _____
Date	Miles Traveled	From: _____ To: _____
Purpose of Travel		From: _____ To: _____
Date	Miles Traveled	From: _____ To: _____
Purpose of Travel		From: _____ To: _____
Date	Miles Traveled	From: _____ To: _____
Purpose of Travel		From: _____ To: _____

Do you have additional transportation/travel expenses? (*attach receipts*)☐ Yes ☐ NoClaims for transportation/travel expenses must include medical documentation.
Have you included medical documentation proof for each visit? (*attach documentation*)☐ Yes ☐ No**Signature**

I hereby certify that the above information is true and that the reimbursement requested is for travel made by me for the treatment of my accepted condition.

SIGNATURE

DATE

PRESCRIPTION/ PHARMACEUTICAL COSTS

Claimant: _____ Date of Injury: _____

JCN: _____ Claim No.: _____

Date of Treatment	Specific Name of Medication or Product	Amount paid \$

Please record the following information for any prescriptions or other prescribed medical needs. Be sure to submit the receipts along with the completed form.

Social Media Guidelines

Insurance companies and their lawyers can gain access to injured person's social networking sites. Sometimes, this is done by merely looking at a site that is readily available to everyone. Other times, trickery is used to gain access to private postings. Importantly, once litigation commences this information is available as a matter of right. Set forth below is a recent formal written inquiry by the defense where an injured client was required to respond to under oath:

Copies of all documents and records of any sort regarding any "Facebook.com", "Instagram.com", "Twitter.com", "LinkedIn.com", "MySpace.com", "Classmates.com", Reunion.com", "Tagged.com", etc. social networking page in which you have belonged or contributed to, or any web logs ("blogs") you have maintained, beginning two years before the subject accident to the present.

Once insurance companies/defense lawyers gain the information on any social networking sites, they may take statements or photos entirely out of context to make it appear as if a client is not as injured as they claim. Even though we will have the opportunity of explaining the full extent and nature of your injuries, potential jurors are swayed by this tactic.

We have established a set of guidelines that we give to each and every one of our clients at the commencement of their case. Following these guidelines will ensure that your case will not be harmed by your use of any social networking site. Conversely, if you disregard these suggestions, you do so at your peril. Postings on your site can come back to haunt you and us as we work on your insurance claim.

The suggested guidelines you should follow until the conclusion of your case are simple:

1. **Never discuss your case in any fashion on any social networking sites. This includes the fact that you were involved in an accident, how the accident happened, who was involved, the extent of your injuries, and the impact the injuries have had upon you at home, work, and play.**
2. **Never mention any activities that you are involved in. This includes ANY sporting activities, hunting, fishing, vacations, employment, social activities, household activities, chores, etc. (Again, these comments can be used out of context and damage your case.)**
3. **Never post a photograph of yourself on any social networking site from**

this point forward until your case is concluded. (Photographs showing you in an activity or social environment can cause difficulty and will be used against you in your case.)

4. **Never** post information on your Facebook page or on other social networks that are open to the public. Also, understand that even if you post something on your private site only viewable by your “friends”, it will be accessible to the opposing party and insurance company in your case.

5. **Do not allow a new “friend”** unless you know who that person is. It is not beyond the insurance company/defense to “friend” you just to see your private site.

6. If you have posted items on your social network that could prove to be embarrassing or uncomfortable if observed by any stranger or by the insurance company/defense, you should remove that post immediately. However, understand that if something has been posted at any time it may become available to the other side. If that is the case, please discuss the posting(s) with us so that we may deal with the matter.

If in doubt, don’t post anything!

Important

It is important to understand that making an insurance claim for your injuries will bring into light your social network postings. From this point forward, it is important to be aware your social networking site can cause difficulties in regard to a personal injury claim.



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Your Checklist

While your case is being handled, it is very important that you do your part and that you keep our office informed. Here are some suggestions that will help.

1. **Keep all evidence that you have.** Save anything that has, or might have, something to do with your case (prescriptive items given to you by your doctor, i.e., neck or back pillows, back or knee brace, etc.).
2. **Keep all bills and receipts.** When it comes time to settle your case with the insurance have spent, such as mileage and prescriptions. I will also need a list of money that you have lost due to loss of work. It is a very good idea to keep a journal or calendar to keep track of the days you worked and went to the doctor and also to keep track of how you feel physically.
3. **Call our office about any change of address.** If you move or change your telephone.
4. **Let us know about any other changes.** You should always let us know if any changes occur such as going into the hospital, surgery, being sent to another doctor or if you have been released from a doctor.
5. **Watch what you say.** Everything you say can be used against you. Do not talk about your case with anyone except me, or someone in my office. You will have to tell your doctors about your case, but you should not discuss it with anyone else without my permission.
6. **Keep all of your appointments with the doctor(s).** This is very important. Follow your doctor's orders and treatment. Do not stop seeing your doctor until your doctor releases you from his/her care. Failure to do this may have a bad effect on your case.
7. **Last, but not least.** Do not hesitate to contact our office with any questions or concerns that you may have. If I am not available, my assistants are able to assist you or pass your questions on to me. No question is a dumb question.

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