Waiver of Attorney/Client Privilege

Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re: Confidentiality Release

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

 By signing below you agree that you release me to discuss matters pertaining to your case with the following person(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and to copy this person or persons with correspondence I send to you, sections of your casefile that are available to the public, and communications between us **on a need-to-know basis** as it pertains to thisperson or persons. Such matters may include communication protected by the attorney-client privilege as described in Tex. Disciplinary Rule Prof. Conduct 1.05 and its related Rules. This rule in its entirety is provided below. You agree that you have read this Rule and understand its provisions.

 You also agree that although you sign this document allowing me to discuss matters pertaining to your case with the person or persons named above, you may at any time revoke this right. Your revocation must be in writing. You also agree that you may designate certain communications exempt from this agreement and ask me not to reveal such communication to any person other than another consulting attorney or private investigator as prescribed by our professional services agreement. You also agree that I reserve the right to not copy the person or persons named above with correspondence or to not discuss certain aspects of your case with the person or person’s names above if I believe that by doing so will jeopardize your case.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Client