

AUTHORIZATION FOR RELEASE OF INFORMATION TO PARTICIPANT

This authorization is for release of records directly to the participant.

PARTICIPANT INFORMATION

Participant Name:	Date of Birth:
Participant ID (if known):	Telephone Number:
Email Address:	

AUTHORIZATION

I authorize **Affinity eHealth, Inc. ("Affinity")**, as the provider and administrator of the SPECTRUM system used in connection with the Florida Lawyers Assistance, Inc. ("FLA") program, to release directly to **me** a copy of the records noted below that are maintained in SPECTRUM concerning my participation in the FLA program.

INFORMATION TO BE RELEASED

Test Results	Drug and/or alcohol testing results maintained in SPECTRUM.
Full Test Result Details	Detailed information associated with testing records, including available specimen, collection, laboratory, Medical Review Officer (MRO), and related test-result information maintained in SPECTRUM.
Check-In History	Available check-in history maintained in SPECTRUM.
Selection History	Available drug and/or alcohol testing selection history maintained in SPECTRUM.
Records	Records maintained in SPECTRUM as part of my participant record (i.e., Evaluations, Treatment Progress Updates, FLA Contract, etc.)

DELIVERY OF RECORDS TO PARTICIPANT

☐ **Secure electronic delivery to the email address below:**

Email Address: _____

Affinity may take reasonable steps to verify my identity before releasing the requested records and may use a secure method of transmission appropriate for confidential information.

PARTICIPANT CONTROL OF RECORDS AFTER RELEASE

I understand that this authorization is solely for the release of my records from Affinity directly to me. This authorization does NOT authorize Affinity or FLA to release my records to The Florida Bar, the Florida Board of Bar Examiners, or any other third party.

Once the records have been provided to me, I may, at my discretion and subject to any applicable legal or regulatory requirements, provide some or all of those records to The Florida Bar, the Florida Board of Bar Examiners, or any other third party of my choosing. Any such subsequent disclosure by me is my decision and is not a disclosure made by Affinity or FLA pursuant to this authorization.

FLORIDA LAWYERS ASSISTANCE, INC. (FLA)
Participant Records Maintained by Affinity eHealth, Inc. / SPECTRUM

ACKNOWLEDGMENT

- ☐ I am voluntarily authorizing Affinity to release the records selected above directly to me.
- ☐ I understand the nature of the information I have authorized for release.
- ☐ I understand that this authorization applies only to records maintained by Affinity in SPECTRUM that are available for release to me.
- ☐ I understand that this authorization does not require or authorize Affinity or FLA to send my records to The Florida Bar, The Florida Board of Bar Examiners, or any other third party.
- ☐ I understand that once the records are provided to me, I am responsible for determining whether and to whom I subsequently disclose those records.
- ☐ I understand that signing this authorization does not terminate, modify, satisfy, or otherwise affect any separate obligation I may have under an order, agreement, probation, diversion, conditional admission, or other requirement involving The Florida Bar, the Supreme Court of Florida, the Florida Board of Bar Examiners, or any another entity.
- ☐ I understand that if I don't complete this ROI and to return same to the email addresses and by the date noted below, I will not get any records pursuant to this ROI. I also understand that FLA will soon lose access to my records and that, if I later decide obtain a copy of my records, I will have to subpoena Affinity to obtain these records.

SIGNATURE

Participant Name (Print):

Date:

Participant Signature:

Date:

RETURN COMPLETED FORM

Florida Lawyers Assistance, Inc. / Affinity eHealth, Inc.

ariana@fla-lap.org and ztrazo@affinityesolutions.com

COMPLETED AUTHORIZATION MUST BE RECEIVED NO LATER THAN
August 28, 2026

FLORIDA LAWYERS ASSISTANCE, INC. (FLA)

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