



## Authorization for Release of Estate Planning Documents

**Client Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

As your attorney, I am bound by the Florida Rules of Professional Conduct, which prohibit me from providing copies of your estate planning documents to anyone other than you, unless you provide explicit authorization. This form allows you to dictate how and when I may release copies of your documents to individuals named in your estate plan.

### Confidentiality Acknowledgment

I understand that my estate planning documents are confidential, and my attorney cannot share copies of these documents with anyone, including family members or fiduciaries, without my prior consent.

### Authorization for Release of Estate Planning Documents

I authorize my attorney to provide copies of my estate planning documents to the following individuals:

#### Primary Authorized Recipient (First Named Individual):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

#### Additional Authorized Recipient(s) (if applicable):

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Timing of Release

(Select one; please initial):

\_\_\_\_\_ Immediately

\_\_\_\_\_ Upon my Incapacity

If upon incapacity, I instruct my attorney to follow these steps to determine my incapacity before releasing my documents:

**1. Initial Contact Attempt:**

\_\_\_\_\_ Reach out by Telephone

\_\_\_\_\_ Reach out by Email

**2. If I Do Not Respond Within \_\_\_\_\_ Days:**

\_\_\_\_\_ Do not send anything unless you are properly subpoenaed.

\_\_\_\_\_ You may accept a letter from my primary care physician or other physician stating that I no longer have the capacity to decide for myself.

**Revocation of Authorization**

I understand that I may revoke this authorization at any time by providing written notice to my attorney. Any revocation will not affect any documents previously released in accordance with this authorization.

**Client Signature & Acknowledgment**

I acknowledge that I have read and understand this authorization form. By signing below, I authorize my attorney to release my estate planning documents according to the selections I have made above.

**Client:**

**Attorney:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_