

Authorization to Disclose Claimant/Benefit and Protected Health Information

The Veterans Court of Hennepin County, Minnesota has made it a condition of my participation in its disposition of my pending criminal matters that I disclose information protected by 5 U.S.C. 552a, 38 U.S.C. 5701, 45 CFR Parts 160 and 164, and 38 USC §7332 (drug and alcohol abuse, HIV infection, and sickle cell anemia) to the criminal justice system.

Therefore, I, Dennis Joseph Barry, request that the United States Department of Veterans Affairs, Veterans Benefits Administration and Veterans Health Administration disclose my claimant and/or benefit information and protected health information to the following:

Veterans Court of Hennepin County and all parties sanctioned by and associated with the court in either pre or post court proceedings.

I authorize release of the following protected health information:

Any and/or all claimant and/or benefit information and any and/or all medical and psychological information to include communication in person, by telephone, mail, encrypted email or fax.

I certify that this request is made freely, voluntarily and without coercion and that the information on this form is accurate and complete to the best of my knowledge.

I understand that I will receive a copy of this form after I sign it.

I understand that the VA may not condition treatment, payment, enrollment, or eligibility for benefits upon my signing of this authorization.

This authorization will expire upon discharge from the Veterans Court of Hennepin County, Minnesota. I understand that I may not revoke this authorization before that date. I understand that failure to provide the Veterans Court with the appropriate authorizations may lead to my removal from the Veterans Court venue and the transfer of my pending criminal matters to the regular District Court venue.

Printed Name

Dennis J. Barry Jr

Last Four of SSN:

8924

Client Signature:

[Signature]

Date:

12-20-22

Address: , Minneapolis, MN,

