

ELECTION OF COUNSEL & CONSENT TO RELEASE OF RECORDS

1. I hereby exercise my right to counsel in the Physical Disability Evaluation System as follows:

- I elect to consult with and be represented by my assigned counsel at no cost to me.
- I elect to consult with and be represented by civilian counsel of my own choice at no expense to the government.
- I decline the opportunity to consult with and be represented by military or civilian counsel of my choice regarding my Informal Physical Evaluation Board.

2. I hereby consent to the release of my Physical Disability Evaluation System file and related medical and other records that may be protected by the Privacy Act or the Healthcare Information Portability and Accountability Act. Examples of protected information include, but are not limited to medical records from military or civilian healthcare providers, and administrative information from Coast Guard or other sources. This consent also includes release of related information that may be developed in the future. Unless sooner revoked, this consent expires the day after the Final Approving Authority acts to close my case.

- Release my Physical Disability Evaluation System file and related medical and other records to the Office of Legal and Defense Services, COMDT (CG-094M), my assigned Coast Guard counsel.
- Release my Physical Disability Evaluation System file and related medical and other records to _____, my civilian counsel.

Full name, address, phone number and email address of civilian counsel:

(Print your full name and rank/rating)

(Your signature)

(Date)

(Your day time phone number)

(Your mobile phone number)

(Your email address)