

LIMITED POWER OF ATTORNEY

(For Medical Records)

1. PARTIES

This **Limited Power of Attorney** is made and entered into this ____ **day of February, 2025**, by and between:

Principal (Grantor):

Full Legal Name: Billy Joseph Rodriguez

Address: 3810 Cherry Ct, West Sacramento, CA 95691

Phone Number: 925-255-6625

Attorney-in-Fact (Agent):

Full Legal Name: Alfredo Rodriguez

Address: 3810 Cherry Ct, West Sacramento, CA 95691

Phone Number: 916-215-5984

2. PURPOSE & SCOPE

The Principal hereby appoints the Attorney-in-Fact to act on his behalf for the following **limited purposes**:

1. **Request and obtain the results of my Blood Alcohol Content (BAC) test** taken by the **California Highway Patrol (CHP)** and/or any **associated laboratory, medical provider, crime lab, or government agency** in possession of such records.
2. **Sign necessary forms, releases, or authorizations** to obtain the aforementioned records communicate with necessary parties.
3. **Request, receive, and review any documents related to my DUI case** concerning the BAC test.

This Power of Attorney **does not authorize** the Attorney-in-Fact to make medical decisions on my behalf or handle any financial transactions unrelated to these specific matters.

3. EFFECTIVE DATE & TERMINATION

This Power of Attorney shall become effective immediately upon signing and **shall remain in effect until**:

- The **Attorney-in-Fact successfully obtains the BAC test results and concludes employment-related discussions** on my behalf; or
- **I revoke this Power of Attorney in writing**; or
- **90 days from the date of signing**, unless renewed in writing.

4. HIPAA AUTHORIZATION *(For Medical Record Access)*

I hereby authorize any **hospital, laboratory, law enforcement agency, or medical provider** in possession of my **Blood Alcohol Content (BAC) test results** to release such information to my Attorney-in-Fact. This authorization is made in accordance with the **Health Insurance Portability and Accountability Act (HIPAA)** and **California medical privacy laws**.

5. THIRD-PARTY RELIANCE

Any third party (such as CHP, a medical provider, a union, or an employer) that receives a **copy (including a faxed or emailed copy) of this Power of Attorney** may rely upon its validity unless otherwise notified.

6. GOVERNING LAW

This Power of Attorney shall be **governed by the laws of the State of California**, and any disputes shall be resolved in the appropriate court within **Sacramento County, California**.

7. SIGNATURE & NOTARIZATION (Required for Validity in California)

By signing below, I affirm that I am granting my Attorney-in-Fact the authority described above, and I understand that I may revoke this authorization at any time in writing.

Principal (Grantor):
Billy Joseph Rodriguez

Signature: _____
Date: _____

Attorney-in-Fact (Agent):
Alfredo Rodriguez

Signature: _____
Date: _____

8. NOTARY ACKNOWLEDGMENT (Required for California POA Validity)

State of California
County of Sacramento_____

On this ____ **day of February, 2025**, before me, _____, a Notary Public in and for the State of California, personally appeared **Billy Joseph Rodriguez**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed within this instrument, and acknowledged that he executed the same in his authorized capacity.

Witness my hand and official seal.

Notary Public Signature: _____

Notary Seal: