

MDL 3026: CMO 7 – EXHIBIT D



**AUTHORIZATION TO DISCLOSE PSYCHIATRIC RECORDS
AND PSYCHOTHERAPY NOTES INFORMATION**

TO: PATIENT: [Plaintiff name]
DATE OF BIRTH: [Plaintiff DOB]
SSN: [Plaintiff SSN]
PURPOSE OF DISCLOSURE: Litigation

For informational purposes pertaining to civil litigation, and pursuant to the Health Insurance Portability and Accountability Act (HIPAA), I, [Plaintiff name], authorize and request the Custodian of Records at the above-named entity to disclose, release, and furnish to the agents or designees of the law firms of Jones Day, 110 North Wacker Drive, Suite 4800, Chicago, Illinois, 60606; and Steptoe & Johnson LLP, 227 W. Monroe Avenue, Suite 4700, Chicago, Illinois 60606; and/or their duly assigned agents, including Marker Group, Inc., 13105 Northwest Freeway, Suite 300, Houston, Texas 77040; and Medical Research Consultants (MRC), 10550 Richmond Avenue, Suite 310, Houston, Texas 77042, any and all medical records, including those that may contain protected health information (PHI) whether created before or after the date of signature. This authorization should also be construed to permit agents or designees of Jones Day, Steptoe & Johnson LLP, Marker Group, Inc., and/or Medical Research Consultants (MRC) to copy, inspect, and review any and all such records. Records requested may include, but are not limited to:

complete copies of all psychiatric records and psychotherapy notes/reports, therapists' notes, social workers' records, all medical records, physicians' records, surgeons' records, pathology/cytology reports, laboratory reports, discharge summaries, progress notes, consultations, prescriptions, records of drug abuse and alcohol abuse, physicals and histories, nurses' notes, correspondence, insurance records, consent for treatment, statements of account, itemized bills, invoices, or any other papers concerning any treatment, examination, periods or stays of hospitalization, confinement, diagnosis, or other information pertaining to and concerning the psychiatric or mental condition of this patient, or documents containing information regarding amendment of protected health information (PHI) in the medical records. Copies, NOT originals, of all x-rays, CT scans, MRI films, photographs, and any other radiological, nuclear medicine, or radiation therapy films and of any corresponding reports. I expressly request that all covered entities under HIPAA identified above disclose full and complete protected medical information spanning the time period from [insert date 5 years preceding Infant DOB] to the present.

Because this litigation is ongoing, it is imperative that you preserve the original medical records, radiology, pathology/cytology slides, tissue/cell blocks, and any recut slides that are in your possession, as an expert may need to examine these slides and blocks in the future. Please take all

steps that are necessary to preserve the medical records, radiology films, slides and blocks, and any recut slides that remain in your possession.

Unless revoked in writing, this authorization shall be valid for the period of litigation in [Case name], Case No. [XXX]; [XXX] Court of [XXX], including any and all transfers and the exhaustion of all appeals. In addition, a copy of this authorization may be used in place of and with the same force and effect as the original. A notarized signature is not required.

This authorization is being forwarded by, or on behalf of, attorneys for the defendant(s) for the purpose of litigation. You are not authorized to discuss any aspect of the above-named person's medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on his or her medical or physical condition, unless you receive an additional authorization permitting such discussion. Subject to all applicable legal objections, this restriction does not apply to discussing the above-named person's medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on the above-named person's medical or physical condition at a deposition or trial.

NOTICE

- **The individual signing this authorization has the right to revoke this authorization at anytime, provided the revocation is in writing and provided to counsel of record from Jones Day, Steptoe & Johnson LLP, Marker Group, Inc., and/or Medical Research Consultants (MRC), in the above-referenced case, except to the extent that the covered entity has already relied upon this authorization to disclose protected health information (PHI). The revocation will not apply to the individual's insurance company when the law provides the individual's insurer with the right to contest a claim under the individual's policy.**
- **The individual signing this authorization understands that authorizing the disclosure of this health information is voluntary and may be refused, and that the covered entity to whom this authorization is directed may not condition treatment, payment, enrollment, or eligibility benefits on whether or not the individual signs the authorization.**
- **The individual signing this authorization understands that protected health information (PHI) disclosed pursuant to this authorization may be subject to redisclosure by the recipients and that, in such case, the disclosed PHI will no longer be protected by 45 CFR Section 164, Subpart E. The individual can contact the covered entity regarding any questions about the disclosure of this health information. The individual may inspect or copy the information to be used or disclosed as provided in 45 CFR Section 164, Subpart E.**
- **The individual signing this authorization understands that the information in the health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.**

I have read this authorization and understand that it will permit the entity identified above to

disclose, release, and furnish PHI to Jones Day, Steptoe & Johnson LLP, Marker Group, Inc., and/or Medical Research Consultants (MRC).

[Plaintiff signature]

[Plaintiff name]

[Date of Plaintiff signature]

Date

[Insert if applicable]

Former/Alias/Maiden Name

[Plaintiff DOB]

Date of Birth

[Plaintiff SSN]

Social Security Number

[Plaintiff Address]

Address