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UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

SAN FRANCISCO DIVISION

JUDY A. McDERMOTT, Plaintiff, v. JOHN E. POTTER, POSTMASTER GENERAL, Defendant.	No. C 08-3432 [RELATED CASE No. C 07-6300 SI] **STIPULATED REQUEST FOR ORDER DIRECTING PLAINTIFF TO SIGN RELEASE AND [~~PROPOSED~~] ORDER**

Whereas, plaintiff contends she should not be required to sign the attached form of releases as a prerequisite to pursuing her claim of emotional damages in these related matters; and

Whereas, plaintiff wishes to preserve any objections she may have that her release of her medical records was not voluntary; and

Whereas it is the sense of the parties that the Court will require plaintiff to sign an appropriate form of release as a prerequisite for pursuing her claim for emotional damages in this matter;

It is hereby **Stipulated** that

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The parties request an order directing plaintiff to sign the attached releases.

Respectfully submitted,

DUNN & BLACK

Dated: February 16, 2010

ROBERT K. DUNN
Attorney for Plaintiff

JOSEPH P. RUSSONIELLO
United States Attorney

ABRAHAM A. SIMMONS
Assistant United States Attorney

ORDER

IT IS SO ORDERED.

Plaintiff is directed to sign the attached form of releases as a condition for pursuing her claim of emotional distress in connection with this matter.

Dated: Feb. 23, 2010

United S[illegible]ge

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
Judge Joseph C. Spero

AUTHORIZATION TO RELEASE PSYCHOTHERAPY INFORMATION

TO: To Whom It May Concern

PATIENT
NAME: Judy A. McDermott
BIRTH DATE: January 14, 1958
SSN: [redacted] Redacted for filing

RELEASE TO:
Representatives of the United States Attorney's Office or Department of Justice

INFORMATION REQUESTED: I request and authorize the above-named person or class of persons to release the information specified below to representatives of the United States Attorney's Office or the Department of Justice. Any and all records regarding treatment of Judy mcDermott including but not limited to:

1. All records of psychological or psychiatric testing or treatment, including complete chart, audio and visual recordings, and psychotherapy notes, and

2. Billing records.

PURPOSE(S) OR NEED FOR WHICH INFORMATION IS TO BE USED: For review and use by the Defendant in the pending personal injury case entitled McDermott v. Potter, 08-3432 and 07-6300 (SI), pending in the United States District Court for the Northern District of California.

CERTIFICATION: I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this Authorization at any time, provided that revocation is in writing, except to the extent that action has already been taken in reliance this Authorization. I understand that the doctor, health care provider, or health plan from whom my medical information is requested in this Authorization, may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. I understand the potential for the information disclosed pursuant to this Authorization to be subject to redisclosure by the recipient and no longer be protected by federal privacy regulations, Standards for Privacy of Individually Identifiable Health Information, set forth at 45 CFR Parts 160 and 164.

EXPIRATION:

Check one:

_X_ This Authorization will automatically expire upon completion of the McDermott v. Potter, 08-3432 and 07-6300 (SI), pending in the United States District Court for the Northern District of California.

__ This Authorization will automatically expire upon completion of the administrative claim of _____ filed on _____.

__ This Authorization shall be effective until _____.

OTHER CONDITIONS:

__x__ A copy of this Authorization or my signature thereon shall be used with the same effectiveness as an original.

__x__ Communications between provider and any representative of the U.S. Attorney's Office/Department of Justice are authorized.

SIGNATURE OF PATIENT: _____ _____

OR PERSON AUTHORIZED TO SIGN FOR PATIENT:* _____

_____ _____

MONTH/DAY/YEAR PRINT OR TYPE NAME

*Provide basis of Authorization: _____.

SCHEDULE "A"
(MEDICAL RECORDS)

1. Hospital records including but not limited to history and physical examination records, surgical records, patient progress records, consultation reports, discharge summary, patient admission records, patient information questionnaires, in-patient and outpatient hospitalization records, emergency room records, and the like.

2. Diagnostic studies, including but not limited to reports of clinical laboratory tests, medical images and reports and/or consultations, electrocardiography, and the like.

3. Special procedures, including but not limited to operative/surgery reports, anesthesia records, recovery room records, pathology reports, consent forms, diagnostic procedure reports, and the like.

4. Doctor's orders.

5. Nurses, physician assistants and other medical personnel records, including notes, monitoring and treatment records, including but not limited to graphic records, medication records, and various data monitoring records, such as IV fluids, intake and output, vital signs, and the like.

6. Medical billings, health insurance claim forms, and statements for any and all times.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

TO:

PATIENT
NAME: Judy A. McDermott
BIRTH DATE: January 14, 1958
SSN: [redacted]
Redacted for filing

RELEASE TO:
Assistant United States Attorney
or Agency Representatives of the
United States Attorney's Office
or Department of Justice

INFORMATION REQUESTED: I request and authorize the above-named person or class of persons to release the information specified below to representatives of the United States Attorney's Office or the Department of Justice. Any and all records regarding treatment of **Judy McDermott** including but not limited to:

1. Copy of complete chart, progress notes & interview notes, discharge summaries, operative reports, x-ray & all imagery, laboratory tests, pathology tissue, and all diagnostic studies whether in electronic data or other format.

2. Billing records

PURPOSE(S) OR NEED FOR WHICH INFORMATION IS TO BE USED:

For review and use by the Defendant in the pending case entitled **McDermott v. Potter,08-3432 and 07-6300 (SI)** pending in the United States District Court for NORTHERN DISTRICT OF CALIFORNIA.

CERTIFICATION: I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this Authorization at any time, provided that revocation is in writing, except to the extent that action has already been taken in reliance this Authorization. I understand that the doctor, health care provider, or health plan from whom my medical information is requested in this Authorization, may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. I understand the potential for the information disclosed pursuant to this Authorization to be subject to redisclosure by the recipient and no longer be protected by federal privacy regulations, Standards for Privacy of Individually Identifiable Health Information, set forth at 45 CFR Parts 160 and 164.

EXPIRATION:

Check one:

XX This Authorization will automatically expire upon completion of the litigation **McDermott v. Potter,08-3432 and 07-6300 (SI)** pending the United States District Court for NORTHERN DISTRICT OF CALIFORNIA.

__ This Authorization will automatically expire upon completion of the administrative claim of _____ filed on _____.

__ This Authorization shall be effective until _____.

OTHER CONDITIONS:

__x__ A copy of this Authorization or my signature thereon shall be used with the same effectiveness as an original.

__x__ Communications between provider and any representative of the U.S. Attorney's Office/Department of Justice are authorized.

SIGNATURE OF PATIENT: _____ _____

OR PERSON AUTHORIZED TO SIGN FOR PATIENT:* _____

_____ _____

MONTH/DAY/YEAR PRINT OR TYPE NAME

*Provide basis of Authorization: _____.

SCHEDULE "A"
(MEDICAL RECORDS)

1. Hospital records including but not limited to history and physical examination records, surgical records, patient progress records, consultation reports, discharge summary, patient admission records, patient information questionnaires, in-patient and outpatient hospitalization records, emergency room records, and the like.

2. Diagnostic studies, including but not limited to reports of clinical laboratory tests, medical images and reports and/or consultations, electrocardiography, and the like.

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6. Medical billings, health insurance claim forms, and statements for any and all times.