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9 UNITED STATES DISTRICT COURT  
10 SOUTHERN DISTRICT OF CALIFORNIA  
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12 MARTIN MACK BASHINSKI JR.,  
13 Plaintiff,  
14 v.  
15 THE UNITED STATES OF AMERICA,  
16 Defendant.

Case No.: 23-cv-01026-JO-JLB

**ORDER GRANTING DEFENDANT'S  
MOTION TO COMPEL MEDICAL  
RECORDS RELEASE**

[ECF Nos. 24; 26]

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18 Before the Court is a Motion to Compel filed by Defendant United States of America  
19 (“Defendant”). (ECF No. 24.) *Pro se* plaintiff Martin Mack Bashinski, Jr. (“Plaintiff”)   
20 filed an opposition.<sup>1</sup> (ECF No. 26.) For the reasons set forth herein, the Court **GRANTS**  
21 Defendant’s motion as modified below.

22 **I. BACKGROUND**

23 Plaintiff filed the underlying action pursuant to the Federal Tort Claims Act, 28  
24 U.S.C. §§ 2671–2680, alleging medical malpractice pertaining to care he received through  
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27 <sup>1</sup> Although Plaintiff entitled his filing “Plaintiff’s Motion to Object to Defendant’s  
28 Motion to Request Other Than Related/Relevant Medical Records,” based on content and  
context, the Court construes the filing as Plaintiff’s opposition.

1 the United States Department of Veterans Affairs (“VA”). (ECF No. 1.) Specifically,  
2 Plaintiff asserts that a retinal tear in his left eye was neither timely diagnosed nor properly  
3 treated by VA-affiliated health care providers, resulting in additional permanent damage.  
4 (*Id.* at 6–10.) As relief, Plaintiff seeks \$1,000,000 in damages for, *inter alia*, past and  
5 future medical expenses, “physical pain,” “suffering,” “mental anguish,” and “the loss of  
6 enjoyment of life.” (*Id.* at 13.)

7 On August 8, 2023, in advance of the parties’ Rule 26(f)<sup>2</sup> conference, Defendant  
8 sent Plaintiff a draft joint discovery plan and an authorization to release medical and  
9 psychiatric information. (ECF No. 24 at 2.) The authorization form directs “all healthcare  
10 providers (military or civilian), all counselors, all ancillary and support providers, all  
11 billing and collection persons, all insurers, all administrators, and all related service  
12 providers” to release “[a]ny and all records created between January 1, 2011, to the present  
13 . . . regarding or relating to the health care of [Plaintiff]” to Accutech Legal Support  
14 Services. (ECF No. 24-2.) The parties then met and conferred telephonically on  
15 August 16, 2023, regarding the draft documents. (ECF No. 24 at 2.)

16 On August 29, 2023, the parties filed a joint discovery plan, which includes that  
17 “Plaintiff agrees to sign an authorization form permitting the United States to obtain his  
18 medical and psychological records from any applicable provider(s). The United States  
19 agrees to collate any records received and provide them to Plaintiff.” (ECF No. 10 at 4–  
20 5.)

21 On September 7, 2023, Plaintiff raised objections to the authorization form.  
22 (ECF No. 24 at 3.) The parties met and conferred by video that same day. (*Id.*) On  
23 October 5, 2023, the parties raised the instant dispute with the Court pursuant to Section V  
24 of the undersigned’s Civil Chambers Rules. (*See* ECF No. 19.) The Court held informal  
25 discovery conferences with the parties on October 13, October 17, and October 26, 2023.  
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27 <sup>2</sup> All references to Rule or Rules are to the Federal Rules of Civil Procedure unless  
28 otherwise stated.

1 (See ECF Nos. 21; 22; 23.) Initially, Plaintiff agreed he would provide a signed release for  
2 each provider; however, after Defendant received what it represents to be partial medical  
3 record productions, Plaintiff expressed he would not produce anything further nor would  
4 he sign any authorization form. (ECF No. 24 at 3.) Accordingly, the Court issued a  
5 briefing schedule (ECF No. 23), and the instant motion timely followed (ECF No. 24).

## 6 **II. LEGAL STANDARD**

7 A party is entitled to seek discovery of “any nonprivileged matter that is relevant to  
8 any party’s claim or defense and proportional to the needs of the case, considering the  
9 importance of the issues at stake in the action, the amount in controversy, the parties’  
10 relative access to relevant information, the parties’ resources, the importance of the  
11 discovery in resolving the issues, and whether the burden or expense of the proposed  
12 discovery outweighs its likely benefit.” Fed. R. Civ. P. 26(b)(1). Information need not be  
13 admissible to be discoverable. *Id.* Rule 34 further provides that a party may serve requests  
14 for documents, electronically stored information, or tangible things on any other party  
15 within the scope of discovery defined in Rule 26(b). Fed. R. Civ. P. 34(a). If a party fails  
16 to produce documents pursuant to Rule 34, the propounding party may bring a motion to  
17 compel. *See* Fed. R. Civ. P. 37(a).

18 “The party seeking to compel discovery has the burden of establishing that its request  
19 satisfies the relevancy requirements of Rule 26(b)(1).” *Alves v. Riverside Cnty.*, 339 F.R.D.  
20 556, 559 (C.D. Cal. 2021) (quoting *Bryant v. Ochoa*, No. 07-CV-00200-JM-PCL, 2009  
21 WL 1390794, at \*1 (S.D. Cal. May 14, 2009)). “District courts have broad discretion in  
22 determining relevancy for discovery purposes.” *Survivor Media, Inc. v. Survivor Prods.*,  
23 406 F.3d 625, 635 (9th Cir. 2005) (citing *Hallett v. Morgan*, 296 F.3d 732, 751 (9th Cir.  
24 2002)). “Once the propounding party establishes that the request seeks relevant  
25 information, “[t]he party who resists discovery has the burden to show discovery should  
26 not be allowed, and has the burden of clarifying, explaining, and supporting its  
27 objections.” *Goro v. Flowers Foods, Inc.*, 334 F.R.D. 275, 283 (S.D. Cal. 2018) (quoting  
28 *Superior Commc’ns v. Earhugger, Inc.*, 257 F.R.D. 215, 217 (C.D. Cal. 2009). However,

1 the Court must—either on motion or *sua sponte*—“limit the frequency or extent” of  
2 otherwise permissible discovery if the Court finds the request “unreasonably cumulative  
3 or duplicative” or the discovery sought is obtainable from a “more convenient, less  
4 burdensome, or less expensive” source. Fed. R. Civ. P. 26(b)(2)(C)(i).

### 5 **III. DISCUSSION**

6 Defendant seeks to compel Plaintiff to sign the authorization releasing all medical  
7 and psychiatric information from January 1, 2011, to the present on the grounds that the  
8 request is relevant, proportional, and necessary to defend itself in the instant action.  
9 (ECF Nos. 24 at 4–7; 24-2.)

10 Plaintiff opposes the motion arguing there are no relevant records prior to  
11 January 28, 2019,<sup>3</sup> the request is “redundant, unnecessary, and a waste of time,” the motion  
12 is violative of Plaintiff’s constitutional rights, and that Defendant is already in possession  
13 of all requested VA records. (ECF No. 26 at 1–5.) However, Plaintiff agrees to release  
14 “any related and or [sic] relevant psychiatric records” both from before and after the date  
15 of injury and “every medical record related and relevant, subsequent to March of 2017.”  
16 (*Id.* at 2, 4.)

#### 17 **A. Relevancy and Overbreadth**

18 Plaintiff argues that the request is irrelevant and overbroad because there are “no  
19 entries of any eye disease or eye condition” prior to January 28, 2019, when the  
20 spontaneous posterior vitreous detachment<sup>4</sup> occurred. (ECF No. 26 at 2–3.) On the other  
21 hand, Plaintiff also states that he will release “related and relevant” records. (*Id.* at 2, 4.)  
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24 <sup>3</sup> Plaintiff cites January 28, 2019, as the date of his injury in his opposition (*see, e.g.*,  
25 ECF No. 26 at 2–3); however, the complaint delineates events that occurred in April and  
26 May of 2019, and does not reference January 28, 2019 at all (*see generally* ECF No. 1).

27 <sup>4</sup> Posterior vitreous detachment is the “[d]etachment of the corpus vitreum . . . from  
28 its normal attachments, especially the retina, due to shrinkage from degenerative or  
inflammatory conditions, trauma, myopia, or senility.” *Posterior Vitreous Detachment*,  
Nat’l Libr. of Med.: Nat’l Ctr. for Biotech. Info.,

1 Defendant asserts all Plaintiff’s medical records—physical and mental—are  
2 relevant. First, Defendant argues that records related to Plaintiff’s “left eye are needed to  
3 assess his medical malpractice claim and the damages allegedly flowing from the VA’s  
4 treatment of the eye.” (ECF No. 24 at 3.) Second, Defendant argues that records related  
5 to Plaintiff’s “general health conditions that may independently limit his daily activities”  
6 are relevant because “Plaintiff claims his impaired sight significantly impairs his ability to  
7 carry out daily living activities.” (*Id.*) Defendant specifically cites to Plaintiff’s disclosure  
8 of sciatica as a condition that “limit[s] his ability to sit for long periods and ambulate.” (*Id.*  
9 at 3–4.) Third, Defendant argues that “[r]ecords related to Plaintiff’s psychological  
10 treatment are relevant to assessing the nature and extent of his emotional damages  
11 associated with the alleged malpractice.” (*Id.* at 3.)

12 First, the Court finds that any records regarding Plaintiff’s left eye health are  
13 generally relevant to Plaintiff’s medical malpractice claim. Specifically, any medical  
14 records pertaining to Plaintiff’s eyes would provide relevant context for the state of his  
15 ocular health leading up to the emergency care Plaintiff received from the VA providers,  
16 which is the subject of his malpractice claim. Although Plaintiff asserts the issue occurred  
17 spontaneously, thus implying that that no context is necessary, such an opinion would be  
18 for an expert to make, and objections thereto would go to the weight of the evidence rather  
19 than discoverability. Furthermore, Defendant is entitled to obtain the discovery that  
20 answers the questions raised by the matters at issue in this litigation; it is not obligated to  
21 simply accept Plaintiff’s representations about the state of the evidence Plaintiff—and not  
22 Defendant—has control over.

23 Second, the Court finds that medical records regarding Plaintiff’s overall physical  
24 health—beyond that of his eyes alone—are of some relevance in determining the extent of  
25 Plaintiff’s alleged damages. As Defendant notes, if Plaintiff had preexisting medical  
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28 <https://www.ncbi.nlm.nih.gov/mesh/?term=posterior+vitreous+detachment>  
[<https://perma.cc/R3UM-J3XZ>].

1 conditions that impacted the activities he could engage in—such as sciatica that limited his  
2 ability to walk—then Defendant is entitled to such discovery to test the causation of  
3 Plaintiff’s alleged damages. *See Larson v. Bailiff*, No. 13-CV-2790-BAS-JLB, 2015 WL  
4 4425660, at \*4 (S.D. Cal. July 17, 2015).

5 Third, the Court further finds that records pertaining to Plaintiff’s psychiatric  
6 conditions before and after the alleged malpractice are generally relevant to Plaintiff’s  
7 requested relief. Plaintiff alleges, *inter alia*, “anxiety every time [he] ha[s] to drive,”  
8 numerous examples of loss of enjoyment, “frustration caused by the inability to participate  
9 in the activities” previously enjoyed, and “mental anguish.” (ECF No. 1 at 10–13.) As  
10 compensation, Plaintiff seeks \$700,000 for his pain and suffering. (*Id.* at 13.) Plaintiff’s  
11 mental health records are relevant to identifying whether, and to what extent, Plaintiff’s  
12 mental distress was caused by the VA’s providers’ actions, as alleged. *See Doe v. City of*  
13 *Chula Vista*, 196 F.R.D. 562, 569 (S.D. Cal. 1999) (“But to insure [sic] a fair trial,  
14 particularly on the element of causation, the court concludes that [the] defendants should  
15 have access to evidence that [the plaintiff’s] emotional state was caused by something else.  
16 [The d]efendants must be free to test the truth of [the plaintiff’s] contention that she is  
17 emotionally upset *because of* the defendants’ conduct. Once [the plaintiff] has elected to  
18 seek such damages, she cannot fairly prevent discovery into evidence relating to the  
19 element of her claim.”) (emphasis in original); *Williams v. Cnty. of San Diego*, No. 17-CV-  
20 00815-MMA-JLB, 2019 WL 2330227 (S.D. Cal. May 31, 2019), *objections overruled*, No.  
21 17-CV-00815-MMA-JLB, 2019 WL 3543792 (S.D. Cal. Aug. 5, 2019) (holding that  
22 discovery requested relating to the plaintiffs’ mental and emotional health was relevant  
23 because of the emotional distress damages the plaintiffs sought); *Carter-Mixon v. City of*  
24 *Tacoma*, No. C21-05692-LK, 2022 WL 4366184, at \*4 (W.D. Wash. Sept. 20, 2022)  
25 (holding the plaintiffs put their “mental health history at issue by asserting damages for  
26 lost enjoyment of life, loss of consortium, and ‘more than garden-variety’ emotional  
27 distress as a result of [the d]efendants’ actions.”).

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1           Accordingly, Defendant is entitled to discover Plaintiff’s medical and mental health  
2 records, as they are relevant to determining whether Plaintiff suffered from pre-existing  
3 injuries and whether the injuries Plaintiff is alleging were actually caused by the alleged  
4 malpractice.

5           However, despite the relevance of the records pre-dating Plaintiff’s injury,  
6 Defendant has failed to demonstrate why the time frame of thirteen years is appropriate or  
7 necessary, considering Plaintiff’s privacy interests in his information, the burden on the  
8 third-party records holders, and the diminishing likely benefit of increasingly remote  
9 records. In that respect, the Court finds that Defendant has failed to support its extensive  
10 request. As such, Plaintiff’s objections to the breadth of Defendant’s request are sustained  
11 in part. In light of the issues presented, the Court finds that a request for medical and  
12 mental health records beginning five years prior to the 2019 incident is appropriate.  
13 Defendant’s authorization form is relevant and proportional only to the extent it seeks  
14 medical and mental health records from January 2014 through the present.

15           **B.     Privilege**

16           Although Plaintiff does not expressly raise the issue of privilege, in light of  
17 Plaintiff’s *pro se* status and his concerns regarding his rights (*see* ECF No. 26 at 1, 4–7),  
18 the Court notes that Defendant’s motion implicates the federal psychotherapist-patient  
19 privilege.

20           In federal question cases such as this, the federal law of privilege applies. *See* Fed.  
21 R. Evid. 501. Federal law recognizes the privileged relationship between a patient and his  
22 psychotherapist but not more generally between a patient and his physician. *See Jaffee v.*  
23 *Redmond*, 518 U.S. 1, 9–10 (1996). Thus, Plaintiff’s medical information regarding  
24 physical health care is not shielded from discovery by any physician-patient privilege, as  
25 none exists under federal law. However, any confidential communications between  
26 Plaintiff and licensed psychiatrists, psychologists, or other similar licensed mental health  
27 providers made in the course of diagnosis or treatment would qualify for protection unless  
28 Plaintiff has waived the psychotherapist-patient privilege. *See Jaffee*, 518 U.S. at 15 n.14

1 (“Like other testimonial privileges, the patient may of course waive the [psychotherapist-  
2 patient] protection.”). Here, unlike with his physical medical records, Plaintiff agrees to  
3 release his mental health records, affirmatively waiving any psychotherapist-patient  
4 privilege over them. (See ECF No. 26 at 4 (“I would be glad to release any related and or  
5 [sic] relevant psychiatric records prior to the injury on the 28th of January 2019. I will  
6 release any related and or relevant psychiatry records after January 28th 2019.”) Plaintiff’s  
7 consent acts as an express waiver of any privilege over his mental health records.

8         However, even absent Plaintiff’s consent, the psychotherapist-patient privilege has  
9 been waived by the nature of this lawsuit. Since the Supreme Court acknowledged the  
10 psychotherapist-patient privilege under federal common law, district courts have adopted  
11 varying approaches to determine whether a patient has waived the privilege. Courts in this  
12 district follow the “broad” approach, which holds that “a plaintiff who seeks to recover for  
13 emotional distress damages” has waived the privilege by “relying on [his] emotional  
14 condition as an element of [his] claim.” See *Doe v. City of Chula Vista*, 196 F.R.D. at 568.  
15 Because Plaintiff is seeking \$700,000 of damages for pain and suffering, consisting of  
16 anxiety, frustration, loss of enjoyment, and mental anguish, Plaintiff has placed his mental  
17 health at issue. As such, regardless of his consent, Plaintiff also has implicitly waived any  
18 psychotherapist-patient privilege over his mental health records.

19         Accordingly, the entirety of Plaintiff’s medical records—both physical and mental—  
20 are not shielded from discovery due to privilege.

### 21         **C. Plaintiff’s Constitutional Rights**

22         Plaintiff asserts that Defendant’s motion violates his constitutional rights. (ECF No.  
23 1, 4–5.) In addition to citing due process under the Fifth and Fourteenth Amendments<sup>5</sup> (*id.*  
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26 <sup>5</sup> The Due Process Clause of the Fifth Amendment provides that no person shall “be  
27 deprived of life, liberty, or property, without due process of law.” U.S. Const. amend. V.  
28 The Due Process Clause of the Fourteenth Amendment provides that “nor shall any State  
deprive any person of life, liberty, or property, without due process of law.” U.S. Const.  
amend. XIV, § 1. As Plaintiff is suing federally affiliated medical providers under a federal



1 at 1), Plaintiff asserts that Defendant’s motion infringes on his constitutional rights by  
2 dictating which form Plaintiff must sign to release his records (*id.* at 4–5).

3 First, considering Plaintiff’s *pro se* status, the Court construes Plaintiff’s due process  
4 argument as an assertion of a constitutional right to privacy. The Supreme Court has  
5 recognized that individuals have privacy interests “in avoiding disclosure of personal  
6 matters [and] in independence in making certain kinds of important decisions.” *Whalen v.*  
7 *Roe*, 429 U.S. 589, 599–600 (1977). However, the Supreme Court has stopped short of  
8 expressly recognizing that those interests are constitutionally protected. *See Nat’l*  
9 *Aeronautics & Space Admin. v. Nelson*, 562 U.S. 134, 147, 131 S. Ct. 746, 756, 178 L. Ed.  
10 2d 667 (2011) (“As was our approach in *Whalen*, we will assume for present purposes that  
11 the Government’s challenged inquiries implicate a privacy interest of constitutional  
12 significance.”). Similarly, the Ninth Circuit has acknowledged there may be a limited right  
13 to privacy in medical records in certain contexts. *See Doe v. Garland*, 17 F.4th 941 (9th  
14 Cir. 2021) (“[I]ndividuals may have a constitutional privacy interest in certain, highly  
15 sensitive information[.]”). Where the court recognizes a “constitutionally-based right of  
16 privacy that can be raised in response to discovery requests,” resolution of a party’s privacy  
17 objection “requires a balancing of the need for the information sought against the privacy  
18 right asserted.” *Soto v. City of Concord*, 162 F.R.D. 603, 616 (N.D. Cal. 1995) (collecting  
19 cases). “When a plaintiff places his medical conditions at issue, his expectation of privacy  
20 regarding those conditions is diminished.” *Larson*, 2015 WL 4425660, at \*5; *see also Syed*  
21 *Nazim Ali v. Gilead Sci., Inc.*, No. 18CV00677LHKSVK, 2018 WL 3629818, at \*2 (N.D.  
22 Cal. July 31, 2018) (“[A] person waives their right to privacy by bringing claims  
23 concerning physical or mental health injuries and seeking damages for those injuries.”).  
24 Here, Plaintiff has sufficiently placed both his physical and mental health at issue by  
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27 law, the Fourteenth Amendment is inapplicable to the instant case. *See District of*  
28 *Columbia v. Carter*, 409 U.S. 418, 424 (1973) (“[A]ctions of the Federal Government and  
its officers are beyond the purview of the [Fourteenth] Amendment.”).

1 alleging medical malpractice and by seeking significant emotional distress damages.  
2 Defendant's interest in obtaining relevant discovery to defend itself in the instant action  
3 and to assess its settlement position outweighs Plaintiff's privacy concern. Further, the  
4 Court finds that the existing Protective Order is adequate to protect Plaintiff's privacy  
5 concerns. *See Soto*, 162 F.R.D. 616 ("A carefully drafted protective order could minimize  
6 the impact of this disclosure.").

7 Second, Plaintiff does not point to, nor is the Court aware of, any authority providing  
8 an individual a constitutionally-based right to use a specific form for releasing medical  
9 records. Further, the Court notes that throughout the multiple informal discovery  
10 conferences, the parties discussed Plaintiff's use of VA Form 10-5345 and Defendant  
11 agreed to Plaintiff's use of the VA form, so long as the scope and effect were the same as  
12 the authorization form Defendant provided. However, by the third discovery conference,  
13 Plaintiff had effectuated only partial production and refused to further engage with  
14 Defendant on this issue.

15 Accordingly, the Court overrules Plaintiff's constitutional objections to Defendant's  
16 use of any release form other than the VA Form 10-5345.

#### 17 **D. Possession, Custody, or Control**

18 Under Rule 34, documents sought in discovery motions must be within the  
19 "possession, custody or control" of the party upon whom the request is served. Fed. R.  
20 Civ. P. 34(a)(1); *see also Soto*, 162 F.R.D. at 619. Actual possession of the requested  
21 documents is not required. *Soto*, 162 F.R.D. at 619. "A party may be required to produce  
22 a document that is in the possession of a nonparty entity if the party has the legal right to  
23 obtain the document." *Bryant v. Armstrong*, 285 F.R.D. 596, 603 (S.D. Cal. 2012).  
24 Accordingly, courts have found it appropriate to order parties to sign authorizations  
25 releasing relevant medical records from a party's treatment providers. *See, e.g., Archie v.*  
26 *Pop Warner Little Scholars, Inc.*, No. CV166603PSGPLAX, 2019 WL 13020441, at \*1  
27 (C.D. Cal. June 13, 2019) (collecting cases); *Syed Nazim Ali*, 2018 WL 3629818, at \*2-3.

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1 In light of the facts of this case and having determined that Defendant is entitled to  
2 the discovery sought as narrowed by the Court, the Court will provide Plaintiff a final  
3 opportunity to sign an authorization form. As set forth more fully below, if Plaintiff  
4 declines to sign and return the authorization form prepared by the Defendant consistent  
5 with this Order, Defendant is authorized to issue subpoenas of Plaintiff’s health providers,  
6 and the health care providers to whom Defendant issues subpoenas are ordered to comply  
7 with the subpoenas as if accompanied by an authorization form signed by Plaintiff.

8 **E. Alleged Violation of the Protective Order**

9 Plaintiff also raises concerns that Defendant’s treatment of the medical records  
10 already within its possession constitutes a violation the Protective Order. (ECF No. 26 at  
11 4–5.) Specifically, Plaintiff alleges that Defendant sent Plaintiff a copy of his medical  
12 records by FedEx for general delivery without requiring a signature for release. (*Id.* at 4.)  
13 As a result, Plaintiff alleges that FedEx left the records “exposed to theft” on his front  
14 porch. (*Id.*)

15 On September 27, 2023, the Court issued a Protective Order governing all  
16 confidential information and materials exchanged throughout the course of this litigation.  
17 (*See* ECF No. 17.) Although the Protective Order does not address this specific situation,  
18 it does set general guidelines for conduct of party and counsel. In pertinent part, the  
19 Protective Order provides that “[a]ll confidential information must be held in confidence  
20 by those inspecting or receiving it . . . . Counsel for each party, and each person receiving  
21 confidential information, must take reasonable precautions to prevent the unauthorized or  
22 inadvertent disclosure of such information.” (*Id.* ¶ 14.)

23 The Court shares Plaintiff’s concerns about Defendant’s handling of his medical  
24 records. Considering that Defendant’s conduct did not contravene an express provision of  
25 the Protective Order, and because Defendant’s action did not result in the actual exposure  
26 of Plaintiff’s records to another, the Court does not find in this instance that Defendant’s  
27 actions are sanctionable. However, the Court cautions Defendant that any future delivery  
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1 of confidential materials should require Plaintiff's signature in order to comply with the  
2 "reasonable precautions" provision of the Protective Order.

3 **IV. Conclusion**

4 For the reasons set forth above, Defendant's motion to compel (ECF No. 24) is  
5 **GRANTED** as modified. Further, **IT IS HEREBY ORDERED:**

6 1. Defendant shall amend the authorization form (ECF No. 24-2) to reflect  
7 the time period from January 28, 2014, to the present.

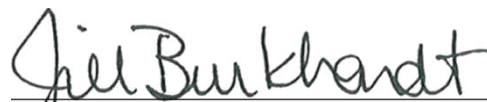
8 2. Within **three (3) days** of the electronic docketing of this Order,  
9 Defendant shall provide Plaintiff with the amended authorization form (ECF No. 24-  
10 2) that complies with the narrowed date set forth herein.

11 3. Plaintiff has until **ten (10) days** after the electronic docketing of this  
12 Order to sign the updated authorization form and return it to Defendant.

13 4. If Plaintiff declines to sign and return the updated authorization form  
14 within **ten (10) days** of the electronic docketing of this Order, Defendant is  
15 authorized to issue subpoenas of Plaintiff's health providers with records from the  
16 relevant time period. Health providers to whom Defendant issues subpoenas are  
17 ordered to comply with the subpoenas is if accompanied by an authorization form  
18 signed by Plaintiff.

19 **IT IS SO ORDERED.**

20 Dated: January 22, 2024

21   
22 Hon. Jill L. Burkhardt  
23 United States Magistrate Judge  
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