



DECLARATION FOR MEDICAL RECORDS
ATTORNEY HAS PROVIDED NOTICE TO PATIENT

I, _____, (name) attorney for _____, in the case of _____ v. _____ state as follows:

- 1. I am familiar with the facts of the above case.
2. This is a _____ (e.g. medical malpractice, personal injury, etc.) action and I am serving the _____ (name of University of Utah Health facility or provider) with a valid subpoena, discovery request, or other lawful process from a court of competent jurisdiction in Utah for the medical records of the following individual:

Name: _____ Birthdate: ____/____/____
SSN: _____-_____-_____

- 3. The subject of the records has placed his/her condition, as indicated below, at issue as an element of a claim or defense in the lawsuit:

- [] Mental or emotional condition
[] Physical condition

- 4. Notice to Patient: Pursuant to 45 C.F.R. §164.512(e)(1), I have done EACH of the following:
A. provided the patient with notice of the request for his/her medical records;
B. included information about the litigation or proceeding in which the medical records are sought;
C. allowed the patient to raise an objection to disclosure of the record to the court or administrative tribunal; and
D. the time for the patient to raise objection has elapsed and
i. the patient did not raise an objection; or
ii. all objections raised by the patient have been resolved by the court or administrative tribunal and the disclosures you now seek are consistent with such resolution.

- 5. I have attached a copy of the Notice document I provided to the patient.
6. I understand that under federal law, 42 U.S.C. section 290dd-2, substance abuse treatment records cannot be released except as authorized by the patient or pursuant to a court order.
7. I understand that pursuant to 45 U.S.C. section 508(a)(2) psychotherapy notes may only be disclosed if the patient signs a specific, separate, AUTHORIZATION (available at: http://www.privacy.utah.edu) permitting the disclosure.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the ___ day of _____, 20___, at _____ (City or other location and state).

Printed Name

Signature