

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA**

NAME :
Plaintiff, :
 :
v. : **CASE NO.: 000000000000**
 :
NAME :
Defendant. :
 :

NOTICE TO PATIENT REGARDING REQUEST FOR MEDICAL RECORDS

TO: (NAME), Plaintiff
c/o (NAME OF PLAINTIFF'S ATTORNEY)
FROM: (NAME), Defendant
c/o (NAME OF DEFENDANT'S ATTORNEY)

TAKE NOTE that the records of (PLAINTIFF'S NAME) have been subpoenaed from the following healthcare providers pursuant to the attached subpoena duces tecum:

Records Custodian for (NAME OF MEDICAL PROVIDER), (ADDRESS OF MEDICAL PROVIDER).

The records subpoenaed are described as follows:

ENTIRE MEDICAL RECORD/CHART, including but not limited to Emergency Room Notes, Ambulance Records, Admission History, Physical and Mental History, Discharge Instructions, Consults, Physician Notes & Orders, Diagnostic Reports, Laboratory Results, Nurse Notes, Medication Records, Progress Notes, Insurance Information, Diagnostic Films and reports thereof for the following patient:

Patient: NAME
DOB: DD/MM/YYYY
Dates of Service: DD/MM/YYYY – DD/MM/YYYY

The attached documents mean that Defendant (NAME) has either asked the court or administrative agency to issue a subpoena or a subpoena has been issued by the other party's attorney to your doctor, or other health care providers and/or healthcare entities listed above requiring them to produce your health records. Your doctor, other health care providers and/or other health care entities are required to respond by providing a copy of your health records. If you believe your health records should not be disclosed and object to their disclosure, you have

the right to file a motion with the clerk of the court or administrative agency to file a protective order or quash the subpoena, such motion should must be filed must be filed within fifteen (15) days of the request or of the attorney-issued subpoena. You may contact the clerk's office or the administrative agency to determine the requirements that must be satisfied when filing a motion for a protective order or quashing a subpoena and you may elect to contact an attorney to represent your interest. If you elect to file a motion for a protective order or to quash the subpoena, you must notify your doctor, other health care provider or other health care entity, that you are filing a motion so that the health care provider or health care entity, that you filing a motion so that the health care provider or health care entity knows to send the health care records to the clerk of the court or administrative agency in a sealed envelope or package for safekeeping while your motion is decided.

(DEFENDANT'S NAME)

By Counsel

(NAME OF LAW FIRM)

(ATTORNEY'S NAME)

Bar #

Counsel for Defendant

Attorney's Address

CERTIFICATE OF SERVICE

I hereby certify that on this (DATE), a true copy of the foregoing Notice to Patient Regarding

Request for Medical Records with attachment was mailed, first class, postage prepaid to:

NAME OF PLAINTIFF'S ATTORNEY

ADDRESS OF PLAINTIFF'S ATTORNEY

(NAME OF DEFENDANT'S ATTORNEY)