ALSO ATTACHED TO THIS FORM IS A COPY OF THE ~~WRIT OF SUMMONS~~ SUBPOENA DUCES TECUM ISSUED FOR THESE RECORDS.

IF YOU BELIEVE YOU NEED FURTHER LEGAL ADVICE ABOUT THIS MATTER, YOU SHOULD CONSULT YOUR ATTORNEY.

_____
ATTORNEY
(FIRM NAME
ATTORNEY ADDRESS
ATTORNEY PHONE NUMBER)

ATTORNEYS FOR (NAME OF PARTY REPRESENTED)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY THAT A COPY OF THE FOREGOING NOTICE WAS MAILED, FIRST–CLASS POSTAGE PREPAID, THIS ___ DAY OF _____, 200_ TO

_____
PATIENT

_____
EACH COUNSEL IN CASE

_____
ATTORNEY

4–307.

(k) (1) A health care provider shall disclose a medical record without the authorization of a person in interest:

(v) [In accordance with service of compulsory process or a discovery request, as permitted under § 9–109(d), § 9–109.1(d), or § 9–121(d) of the Courts and Judicial Proceedings Article, or as otherwise provided by law, to a court, an administrative tribunal, or a party to a civil court, administrative, or health claims arbitration proceeding, if:

1. The request for issuance of compulsory process or the request for discovery filed with the court or administrative tribunal and served on the health care provider is accompanied by a copy of a certificate directed to the recipient, the person in interest, or counsel for the recipient or the person in interest; and

2. The certificate:

A. Notifies the recipient or the person in interest that disclosure of the recipient's medical record is sought;

B. Notifies the recipient or the person in interest of the provisions of this subsection or any other provision of law on which the requesting party relies in seeking disclosure of the information;