ALSO ATTACHED TO THIS FORM IS A COPY OF THE 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

(7) Subject to the additional limitations for a medical record developed primarily in connection with the provision of mental health services in § 4–307 of this subtitle, to grand juries, prosecution agencies, law enforcement agencies or their agents or employees to further an investigation or prosecution, pursuant to a subpoena, warrant, or court order for the sole purposes of investigating and prosecuting criminal activity, provided that the prosecution agencies and law enforcement agencies have written procedures to protect the confidentiality of the records;

(8) To the Maryland Insurance Administration when conducting an investigation or examination pursuant to Title 2, Subtitle 2 of the Insurance Article, provided that the Insurance Administration has written procedures to maintain the confidentiality of the records;

(9) To a State or local child fatality review team established under Title 5, Subtitle 7 of this article as necessary to carry out its official functions; or