

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA  
CHARLESTON DIVISION

ENTERED

JUL 11 2003

SAMUEL L. KAY, CLERK  
U. S. District & Bankruptcy Courts  
Southern District of West Virginia

IN RE: SERZONE PRODUCTS : MDL No. 1477  
LIABILITY LITIGATION : (Judge Goodwin)  
: :  
This Document Relates To All Cases : Discovery Order No. 6  
: :

I. HIPAA-Compliant Authorizations

In order to facilitate pretrial discovery and the orderly collection of plaintiff-specific information, including medical records, this Court previously entered Discovery Order No. 5, which provides for the use of a Plaintiff's Fact Sheet and standard authorizations. Since the entry of Discovery Order No. 5, regulations promulgated by the U.S. Department of Health and Human Services that implement the Health Insurance Portability and Accountability Act of 1996 ["HIPAA"] took effect, which establish standards for privacy protections for individuals' medical information. See 42 U.S.C. § 1301 *et seq.*; 45 C.F.R. § 160.201 *et seq.* Accordingly, IT IS HEREBY ORDERED that the Authorizations for Release of Medical Records and other documents Attached as exhibits to Discovery Order No. 5 are hereby superceded by, and replaced with the HIPAA Compliant Authorizations attached to this Pretrial Order.

II. Applicability of Order

This Pretrial Order shall be effective immediately for those plaintiffs whose cases are transferred to MDL-1477 after the date of this Order, and are subsequently served with copies of the Plaintiffs' Fact Sheet and Authorizations, by defense counsel, as required by Discovery Order No. 5.

With respect to those plaintiffs whose cases were transferred to MDL-1477 and received service of the Plaintiffs' Fact Sheet and Authorizations prior to the entry of this Order, plaintiffs shall produce fully executed HIPAA Compliant Authorizations within 30 days of their receipt of service of such authorizations by defense counsel.

Enter: July 11, 2003

Mary E. Stanley  
Mary E. Stanley  
United States Magistrate Judge

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE SERZONE :  
PRODUCTS LIABILITY LITIGATION : MDL Docket No. 1477

**Authorization for the Release and Disclosure of  
Psychotherapy Notes**

To: Healthcare providers, hospitals, pharmacies and drugstores identified by  
\_\_\_\_\_ as a part of this litigation.

PLEASE NOTE: As a plaintiff in the above referenced litigation, I have provided the defendant with the names and addresses of healthcare providers, hospitals, pharmacies and drug stores, from whom I have sought treatment or services for the past fifteen (15) years. Therefore, this authorization has been sent to you pursuant to the information provided to the defendant as a part of this litigation.

I authorize the following information to be released or disclosed by you to the following representatives of the defendant in the above-entitled litigation, which has agreed to pay reasonable charges made by you to supply copies of such information, for review, evaluation and use in connection with such litigation and in related matters:

Receiving Entity: RecordTrak  
501 Allendale Road  
King of Prussia, Pennsylvania 19406

I authorize you to release or disclose all psychotherapy notes in your possession by providing to the Receiving Entity or Person set forth above copies of such notes. The term "psychotherapy notes" has the meaning given it by the federal regulations at 42 C.F.R. § 164.501, and on the date of this Authorization is defined as notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the patient's medical record.

The psychotherapy notes to be released or disclosed concern:

Patient's

Name: \_\_\_\_\_

Patient's Social Security Number: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

This Authorization is valid until: \_\_\_\_\_

Signature of the patient or patient's duly authorized representative:  
\_\_\_\_\_

Description of the authority of the patient's personal representative (if applicable):  
\_\_\_\_\_

Date: \_\_\_\_\_

**STATEMENT OF PATIENT RIGHTS:**

1. I understand that I may revoke this Authorization at any time by providing a signed and dated revocation in writing to the Disclosing Entity or Person identified above. This written revocation will take priority over this Authorization, except to the extent that the Disclosing Entity or Person has already disclosed health information prior to the receipt of my written revocation.
2. I understand that treatment, payment and other benefits may not be conditioned upon my signing of this Authorization.
3. I understand that health information disclosed pursuant to this Authorization may be redisclosed by the Receiving Entity or Person without my knowledge or permission.
4. I am entitled to receive a copy of this signed Authorization.

ACKNOWLEDGMENT

The undersigned, as the record requestor named in the above authorization, hereby declares under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the attorney for the person (or the person, if not represented) named in the foregoing authorization has been given notice that the authorization will be used to request records from the person or entity to whom it is addressed and has been afforded an opportunity to object to the request and to order copies of the records requested from the undersigned requestor at a reasonable cost pursuant to the terms of Discovery Order # 5, entered by the Honorable Mary E. Stanley, U.S. Magistrate Judge, in the matter of: *In re. Serzone Products Liability Litigation*, MDL 1477.

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IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE SERZONE :  
PRODUCTS LIABILITY LITIGATION : MDL Docket No. 1477

**Authorization for the Release and Disclosure of  
Medical Records**

To: Healthcare providers, hospitals, pharmacies and drugstores identified by  
\_\_\_\_\_ as a part of this litigation.

PLEASE NOTE: As a plaintiff in the above referenced litigation, I have provided the defendant with the names and addresses of healthcare providers, hospitals, pharmacies and drug stores, from whom I have sought treatment or services for the past fifteen (15) years. Therefore, this authorization has been sent to you pursuant to the information provided to the defendant as a part of this litigation.

I authorize the following information to be released or disclosed by you to the following representatives of the defendant in the above-entitled litigation, which has agreed to pay reasonable charges made by you to supply copies of such information, for review, evaluation and use in connection with such litigation and in related matters:

Receiving Entity: RecordTrak  
501 Allendale Road  
King of Prussia, Pennsylvania 19406

I authorize you to release or disclose the following information by providing copies of such information to the Receiving Entity set forth above:

Except as described below, all medical records and other documents in your possession, including but not limited to:

1. All inpatient, outpatient and emergency room treatment, all clinical charts, reports, order sheets, progress notes, nurses' notes, clinic records, treatment plans, admission records, discharge summaries, requests for and reports of consultations, correspondence, test results, statements, questionnaires, histories, disability records, office and doctors' handwritten notes and records received by or from other health care providers;

2. All autopsy, laboratory, histology, cytology, pathology, radiology, CT scan, MRI, echocardiogram and cardiac catheterization reports;

3. All radiology films, mammograms, myelograms, CT scans, photographs, bone scans, pathology/ cytology/ histology/ autopsy/ immunohistochemistry specimens, cardiac catheterization videos/CDs/films/reels and echocardiogram videos;

4. All pharmacy/prescription records, including DNC numbers and drug information handouts/monographs; and

5. All billing records, including all statements, itemized bills and records of billing to third party payers and payment or denial of benefits;

All concerning:

Patient's

Name: \_\_\_\_\_

Patient's Social

Security Number: \_\_\_\_\_

Patient's

Address: \_\_\_\_\_

Patient's Date of

Birth: \_\_\_\_\_

This Authorization excludes psychotherapy notes, which term has the meaning given it by the federal regulations at 42 C.F.R. § 164.501, and on the date of this Authorization is defined as notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the patient's medical record. This Authorization specifically authorizes the release or disclosure of all mental health, psychiatric and psychological records and documents other than psychotherapy notes, including inpatient, outpatient and emergency room treatment records, all clinical charts, reports, order sheets, progress notes, nurses' notes, clinic records, treatment plans, admission records, discharge summaries, requests for and reports of consultations, correspondence, test results, statements, questionnaires and histories, records received by or from other physicians, pharmacy and prescription records, billing records and records of billing to third party payers and payment or denial of benefits. This Authorization also specifically authorizes

the release or disclosure of records for the diagnosis or treatment of alcoholism or substance abuse and records relating to HIV/AIDS.

The restrictions placed on the release of the records described above by state and federal laws and regulations are expressly waived.

This Authorization is valid until: \_\_\_\_\_

Signature of the patient or patient's duly authorized representative:

\_\_\_\_\_

Description of the authority of the patient's personal representative (if applicable):

\_\_\_\_\_

Date: \_\_\_\_\_

#### STATEMENT OF PATIENT RIGHTS:

1. I understand that I may revoke this Authorization at any time by providing a signed and dated revocation in writing to the Disclosing Entity or Person identified above. This written revocation will take priority over this Authorization, except to the extent that the Disclosing Entity or Person has already disclosed health information prior to the receipt of my written revocation.
2. I understand that treatment, payment and other benefits may not be conditioned upon my signing of this Authorization.
3. I understand that health information disclosed pursuant to this Authorization may be redisclosed by the Receiving Entity or Person without my knowledge or permission.
4. I am entitled to receive a copy of this signed Authorization.

### ACKNOWLEDGMENT

The undersigned, as the record requestor named in the above authorization, hereby declares under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the attorney for the person (or the person, if not represented) named in the foregoing authorization has been given notice that the authorization will be used to request records from the person or entity to whom it is addressed and has been afforded an opportunity to object to the request and to order copies of the records requested from the undersigned requestor at a reasonable cost pursuant to the terms of Discovery Order # 5, entered by the Honorable Mary E. Stanley, U.S. Magistrate Judge, in the matter of: *In re. Serzone Products Liability Litigation*, MDL 1477.

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IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE SERZONE :  
PRODUCTS LIABILITY LITIGATION : MDL Docket No. 1477

**Authorization For Release Of Employment  
And Unemployment Records**

To: Employers, former employers and unemployment offices identified by  
\_\_\_\_\_ as a part of this litigation.

PLEASE NOTE: As a plaintiff in the above referenced litigation, I have provided the defendant with the names and addresses of all educational institutions I have attended. Therefore, this authorization has been sent to you pursuant to the information provided to the defendant as a part of this litigation.

I authorize the following information to be released or disclosed by you to the following representatives of the defendant in the above-entitled litigation, which has agreed to pay reasonable charges made by you to supply copies of such information, for review, evaluation and use in connection with such litigation and in related matters:

Receiving Entity: RecordTrak  
501 Allendale Road  
King of Prussia, Pennsylvania 19406

I authorize you to release or disclose the following information by providing copies of such information to the Receiving Entity set forth above:

\* All written applications for employment, all employment records, wage records, W-2 and 1099 forms, all documents that refer or relate to any job reviews or evaluations and/or performance appraisals, all documents that refer or relate to any termination of employment, disability records, each health questionnaire and each document that refers or relates to the results of any medical examinations or treatments for any such employment, medical bills, written statements and other documents in your possession.

All concerning:

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This Authorization excludes psychotherapy notes, which term has the meaning given it by the federal regulations at 42 C.F.R. § 164.501, and on the date of this Authorization is defined as notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the patient's medical record. This Authorization specifically authorizes the release or disclosure of all mental health, psychiatric and psychological records and documents other than psychotherapy notes, including inpatient, outpatient and emergency room treatment records, all clinical charts, reports, order sheets, progress notes, nurses' notes, clinic records, treatment plans, admission records, discharge summaries, requests for and reports of consultations, correspondence, test results, statements, questionnaires and histories, records received by or from other physicians, pharmacy and prescription records, billing records and records of billing to third party payers and payment or denial of benefits. This Authorization also specifically authorizes the release or disclosure of records for the diagnosis or treatment of alcoholism or substance abuse and records relating to HIV/AIDS.

The restrictions placed on the release of the records described above by state and federal laws and regulations are expressly waived.

This Authorization is valid until: \_\_\_\_\_

Signature of the person or person's duly authorized representative:

\_\_\_\_\_

Description of the authority of the student's personal representative (if applicable):

\_\_\_\_\_

Date: \_\_\_\_\_

STATEMENT OF PATIENT RIGHTS:  
(In the event that the disclosed information  
contains protected health information)

1. I understand that I may revoke this Authorization at any time by providing a signed and dated revocation in writing to the Disclosing Entity or Person identified above. This written revocation will take priority over this Authorization, except to the extent that the Disclosing Entity or Person has already disclosed health information prior to the receipt of my written revocation.
2. I understand that treatment, payment and other benefits may not be conditioned upon my signing of this Authorization.
3. I understand that health information disclosed pursuant to this Authorization may be redisclosed by the Receiving Entity or Person without my knowledge or permission.
4. I am entitled to receive a copy of this signed Authorization.

ACKNOWLEDGMENT

The undersigned, as the record requestor named in the above authorization, hereby declares under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the attorney for the person (or the person, if not represented) named in the foregoing authorization has been given notice that the authorization will be used to request records from the person or entity to whom it is addressed and has been afforded an opportunity to object to the request and to order copies of the records requested from the undersigned requestor at a reasonable cost pursuant to the terms of Discovery Order # 5, entered by the Honorable Mary E. Stanley, U.S. Magistrate Judge, in the matter of: *In re. Serzone Products Liability Litigation*, MDL 1477.

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IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE SERZONE :  
PRODUCTS LIABILITY LITIGATION : MDL Docket No. 1477

**Authorization For Release Of  
Education Records**

To: Educational institutions identified by \_\_\_\_\_ as a  
part of this litigation.

PLEASE NOTE: As a plaintiff in the above referenced litigation, I have provided the defendant with the names and addresses of all educational institutions I have attended. Therefore, this authorization has been sent to you pursuant to the information provided to the defendant as a part of this litigation.

I authorize the following information to be released or disclosed by you to the following representatives of the defendant in the above-entitled litigation, which has agreed to pay reasonable charges made by you to supply copies of such information, for review, evaluation and use in connection with such litigation and in related matters:

Receiving Entity: RecordTrak  
501 Allendale Road  
King of Prussia, Pennsylvania 19406

I authorize you to release or disclose the following information by providing copies of such information to the Receiving Entity set forth above:

\* All educational records, including, but not limited to, copies of grades, standardized test scores, psychological testing, guidance counselor records, records of visits with mental health professionals, medical records, records of notes regarding academic achievements and extra-curricular activities, and copies of any notes including any and all information reflecting disciplinary actions or behavioral outbursts.

All concerning:

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This Authorization excludes psychotherapy notes, which term has the meaning given it by the federal regulations at 42 C.F.R. § 164.501, and on the date of this Authorization is defined as notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the patient's medical record. This Authorization specifically authorizes the release or disclosure of all mental health, psychiatric and psychological records and documents other than psychotherapy notes, including inpatient, outpatient and emergency room treatment records, all clinical charts, reports, order sheets, progress notes, nurses' notes, clinic records, treatment plans, admission records, discharge summaries, requests for and reports of consultations, correspondence, test results, statements, questionnaires and histories, records received by or from other physicians, pharmacy and prescription records, billing records and records of billing to third party payers and payment or denial of benefits. This Authorization also specifically authorizes the release or disclosure of records for the diagnosis or treatment of alcoholism or substance abuse and records relating to HIV/AIDS.

The restrictions placed on the release of the records described above by state and federal laws and regulations are expressly waived.

This Authorization is valid until: \_\_\_\_\_

Signature of the person or person's duly authorized representative:

\_\_\_\_\_

Description of the authority of the student's personal representative (if applicable):

\_\_\_\_\_

Date: \_\_\_\_\_

STATEMENT OF PATIENT RIGHTS:  
(In the event that the disclosed information  
contains protected health information)

1. I understand that I may revoke this Authorization at any time by providing a signed and dated revocation in writing to the Disclosing Entity or Person identified above. This written revocation will take priority over this Authorization, except to the extent that the Disclosing Entity or Person has already disclosed health information prior to the receipt of my written revocation.
2. I understand that treatment, payment and other benefits may not be conditioned upon my signing of this Authorization.
3. I understand that health information disclosed pursuant to this Authorization may be redisclosed by the Receiving Entity or Person without my knowledge or permission.
4. I am entitled to receive a copy of this signed Authorization.

ACKNOWLEDGMENT

The undersigned, as the record requestor named in the above authorization, hereby declares under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the attorney for the person (or the person, if not represented) named in the foregoing authorization has been given notice that the authorization will be used to request records from the person or entity to whom it is addressed and has been afforded an opportunity to object to the request and to order copies of the records requested from the undersigned requestor at a reasonable cost pursuant to the terms of Discovery Order # 5, entered by the Honorable Mary E. Stanley, U.S. Magistrate Judge, in the matter of: *In re. Serzone Products Liability Litigation*, MDL 1477.

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IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE SERZONE :  
PRODUCTS LIABILITY LITIGATION : MDL Docket No. 1477

**Authorization for the Release and Disclosure of  
Workers' Compensation, Social Security and  
Other Disability Records**

To: Offices responsible for workers compensation, social security or other disability records identified by \_\_\_\_\_ as a part of this litigation.

PLEASE NOTE: As a plaintiff in the above referenced litigation, I have provided the defendant with the names and addresses of healthcare providers, hospitals, pharmacies and drug stores, from whom I have sought treatment or services for the past fifteen (15) years. Therefore, this authorization has been sent to you pursuant to the information provided to the defendant as a part of this litigation.

I authorize the following information to be released or disclosed by you to the following representatives of the defendant in the above-entitled litigation, which has agreed to pay reasonable charges made by you to supply copies of such information, for review, evaluation and use in connection with such litigation and in related matters:

Receiving Entity: RecordTrak  
501 Allendale Road  
King of Prussia, Pennsylvania 19406

I authorize you to release or disclose the following information by providing copies of such information to the Receiving Entity or Person set forth above:

Except as described below, all documents in your possession, including but not limited to applications, evaluations, examinations, determinations, correspondence or any other documents related in any way to state workers' compensation, Social Security Administration, state employment security and any other disability filings or applications, or any thereof, concerning:

Employee/Patient's

Name: \_\_\_\_\_

Employee/Patient's  
Social Security Number: \_\_\_\_\_

Employee/Patient's  
Address: \_\_\_\_\_

Employee/Patient's Date of  
Birth: \_\_\_\_\_

This Authorization excludes psychotherapy notes, which term has the meaning given it by the federal regulations at 42 C.F.R. § 164.501, and on the date of this Authorization is defined as notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the patient's medical record. This Authorization specifically authorizes the release or disclosure of all mental health, psychiatric and psychological records and documents other than psychotherapy notes, including inpatient, outpatient and emergency room treatment records, all clinical charts, reports, order sheets, progress notes, nurses' notes, clinic records, treatment plans, admission records, discharge summaries, requests for and reports of consultations, correspondence, test results, statements, questionnaires and histories, records received by or from other physicians, pharmacy and prescription records, billing records and records of billing to third party payers and payment or denial of benefits. This Authorization also specifically authorizes the release or disclosure of records for the diagnosis or treatment of alcoholism or substance abuse and records relating to HIV/AIDS.

The restrictions placed on the release of the records described above by state and federal laws and regulations are expressly waived.

This authorization is valid until: \_\_\_\_\_

Signature of the employee/patient or employee/patient's duly authorized representative:

\_\_\_\_\_

Description of the authority of the employee/patient's personal representative (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

### STATEMENT OF PATIENT RIGHTS:

1. I understand that I may revoke this Authorization at any time by providing a signed and dated revocation in writing to the Disclosing Entity or Person identified above. This written revocation will take priority over this Authorization, except to the extent that the Disclosing Entity or Person has already disclosed health information prior to the receipt of my written revocation.
2. I understand that treatment, payment and other benefits may not be conditioned upon my signing of this Authorization.
3. I understand that health information disclosed pursuant to this Authorization may be redisclosed by the Receiving Entity or Person without my knowledge or permission.
4. I am entitled to receive a copy of this signed Authorization.

### ACKNOWLEDGMENT

The undersigned, as the record requestor named in the above authorization, hereby declares under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the attorney for the person (or the person, if not represented) named in the foregoing authorization has been given notice that the authorization will be used to request records from the person or entity to whom it is addressed and has been afforded an opportunity to object to the request and to order copies of the records requested from the undersigned requestor at a reasonable cost pursuant to the terms of Discovery Order # 5, entered by the Honorable Mary E. Stanley, U.S. Magistrate Judge, in the matter of: *In re. Serzone Products Liability Litigation*, MDL 1477.

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