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| April 14, 2023 |
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11785192

AdventHealth Fish Memorial

Attn: Patients Accounts

PO BOX 105572

ATLANTA, GA 30348

Re: Our Client: Kelly Jones

Date of Loss: April 25, 2021

Date of Birth: 11/11/1992

SSN: \*\*\*-\*\*-3333

To Whom It May Concern:

Our office has been retained to represent the above named individual in a claim for injuries and damages arising out of an incident which occurred on the above date.

**In accordance with the enclosed Medical Authorization form, we would appreciate being furnished with medical bills from April 25, 2021 to present**. Should there be a charge for these documents please notify us and we will remit same by return mail.

If you have any questions, or wish to discuss this matter more fully, please contact the Case Manager, Preston Blair, directly at (901) 333-1823, pblair@forthepeople.com or fax to (901) 524-1787.

Thank you in advance for your cooperation and assistance.

Sincerely,

Kelly Jones

KJ/pb

**MORGAN & MORGAN**

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)**

**UNDER HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

1. The undersigned patient named below, hereby executes this authorization in compliance with the Federal Health Insurance Portability and Accountability Act, HIPAA, 45 CFR 164.104.

2. This authorization is directed to the following healthcare provider, (including its agents, employees and associates):

AdventHealth Fish Memorial

PO BOX 105572

ATLANTA, GA 30348

3. The above-named healthcare provider is requested to release the protected health information (PHI) that is described below, to the patient’s representative,

Morgan & Morgan

703 Waterford Way, Ste. 1000

Miami, FL 33126

Attention: Kelly Jones

4. The protected health information released herein is specifically as follows:

All medical information of any nature whatsoever, from any source whatsoever, which is maintained by you in your records regarding the referenced patient and which is requested by my attorneys. If you are a physician or out-patient clinic, you are authorized to send your entire chart upon their request, including not only the records dictated or written up by you, but also handwritten notes, telephone memoranda, outside records, correspondence, or any other tangible item maintained in my chart.

If you are a **hospital**, you are authorized to release my complete records including x-rays or similar studies, office notes, face sheets, discharge summaries, history and physical, intra-operative records, anesthesia records, operative records, recovery room, pathology reports, medication administration records, EKG reports, EKG strips, EEG reports, EEG strips, therapy notes, orders, progress notes, laboratory results, nurses notes, vital sign sheets, intake/output records, reports of all x-rays, mammograms, CT scans, MRIs or PET scans, and emergency room records, transfer records, operative reports, anesthesia records, admitting summary, discharge summary, discharge instructions, personal property list, in-patient records, out-patient records, clinic records, correspondence, photographs, videotapes, telephone messages, computer generated information, medical bills, pharmacy and drug records, health insurance forms, insurance claim forms, insurance payment forms, Medicaid or Medicare records, concerning any medical treatment that I have received from you, at your institution, or which you keep in the regular course of business. I hereby authorize release of all records regarding mental health, psychiatric, chemical dependency or HIV. A photo static copy of this authorization shall be as valid as the original.