IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF DESCHUTES

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| **ELISSA CUMMING**,  Petitioner,  vs.  **SCOTT CUMMING**,  Respondent. | Case No. 22DR14381  **CIVIL SUBPOENA DUCES TECUM** |

TO: Records Custodian

{{ x }}

{{ x.address.line\_one() }}

{{ x.address.line\_two() }}

**YOU ARE HEREBY REQUIRED TO** produce records on or before {{ format\_date(today().plus(days=45)) }} to the offices of Elliott Riquelme & Wilson, 78 NW Kearney Avenue, Suite 200, Bend, OR 97703.

YOU ARE COMMANDED TO produce the complete copy of any and all medical records you have in your possession pertaining to Elissa Cumming, including but not limited to patient questionnaires, history forms, chart notes, medication lists, any and all medication contracts, radiographic reports and copies of imaging, lab reports, doctor/nursing notes and reports, letters, examination notes/reports, consultation notes/reports, after visit summaries, referrals, treatments prescribed, direct patient communications (e.g., instant messages, emails, etc.), and attachments thereto in your possession for treatment throughout the history of care for Elissa Cumming at your facility.

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/ / /

Dated: December 22, 2022

|  |  |  |
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| By: | ELLIOTT RIQUELME & WILSON, LLP |  |
|  | L. Todd Wilson, OSB No. 974383  Of Attorneys for Respondent  Trial Attorney: Same |  |

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**I hereby certify that the foregoing is a complete and exact copy of the original subpoena in the above entitled cause.**

**I further certify that I served the within subpoena on this date on the within named records custodian by mailing to him/her a copy thereof and mailing at the same time the fees to which they are entitled: that I am a competent person over the age of 18 years.**

**Witness Fee: $30.00**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

L. Todd Wilson, OSB No. 974383

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IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF DESCHUTES

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| --- | --- |
| **ELISSA CUMMING**,  Petitioner,  vs.  **SCOTT CUMMING**,  Respondent. | Case No. 22DR14381  **DECLARATION IN SUPPORT OF CIVIL SUBPOENA DUCES TECUM**  **(HIPAA REQUIREMENT)** |

This declaration is submitted in order to comply with HIPAA requirements relating to subpoenaing individually identifiable health information.

1. I am counsel for respondent.
2. On {{ format\_date(today().plus(days=1)) }} petitioner, through petitioner’s counsel, was sent written notice of the requested disclosure, which included the proposed subpoena, described the litigation and described the individually identifiable health information being requested from **{{ x }}**. Copies of the written notice with the proposed subpoena are attached hereto.
3. Petitioner’s counsel has not objected to the requested disclosure of the requested individually identifiable health information.
4. The information requested will be used for the sole purpose of this litigation, and will only be shared with counsel, petitioner, and any experts that either petitioner or respondent may employ.
5. Upon receipt of the requested documents and at the request of petitioner’s counsel, petitioner will provide with a complete copy of the records received.

**I HEREBY DECLARE THAT THE ABOVE STATEMENT IS TRUE TO THE**

**BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I UNDERSTAND AND IT IS MADE FOR USE AS EVIDENCE IN COURT AND IS SUBJECT TO PENALTY FOR PERJURY.**

Dated: December 22, 2022

|  |  |  |
| --- | --- | --- |
| ELLIOTT RIQUELME & WILSON, LLP | | |
| By: |  |
|  | L. Todd Wilson, OSB No. 974383  Of Attorneys for Respondent  Trial Attorney: Same |

CERTIFICATE OF SERVICE

I hereby certify that I served the forgoing DECLARATION IN SUPPORT OF CIVIL SUBPOENA DUCES TECUM on the below listed parties by mailing a copy therefore, contained in a sealed envelope, with postage prepaid, addressed to the last known address as shown below, and deposited in the post office at Bend, Oregon, on said day.

|  |
| --- |
| Brent N. Wilkins  Stahancyk Kent & Hook PC  158 NE Greenwood Ave Ste 1  Bend OR 97701  [brent.wilkins@stahancyk.com](mailto:sck@hartwagner.com) |

\_\_ By **Mailing** full, true, and correct copies thereof in sealed, first-class postage-prepaid envelopes, addressed to the attorney as shown above, the last-known office addresses of the attorney, and deposited with the United States Postal Service at Bend, Oregon, on the date set forth below.

By causing full, true, and correct copies thereof to be **hand-delivered** to the attorneys of record at the courthouse, their office or current place of business on the date set forth below.

\_\_\_ By **Faxing** full, true, and correct copies thereof to the attorneys at the fax numbers shown above, which are the last-known fax numbers for the attorneys' offices, on the date set forth below.

XX By **E-mailing** full, true, and correct copies thereof to the attorneys at the E-mail addresses shown above, which are the last-known E-mail addresses for the attorneys' offices, on the date set forth below.

Dated: December 22, 2022

ELLIOTT RIQUELME & WILSON, LLP

By: \_

L. Todd Wilson, OSB No. 974383

Of Attorneys for Petitioner

Trial Attorney: Same

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF DESCHUTES

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| --- | --- |
| **ELISSA CUMMING**,  Petitioner,  vs.  **SCOTT CUMMING**,  Respondent. | Case No. 22DR14381  **NOTICE OF CIVIL SUBPOENA**  **DUCES TECUM** |

TO: **Elissa Cumming and petitioner’s attorney of record Brent N. Wilkins**

PLEASE TAKE NOTEthat on or before {{ format\_date(today().plus(days=45)) }} in the offices of Elliott Riquelme & Wilson, 78 NW Kearney Avenue, Suite 200, Bend, OR 97703, respondent, by and through his attorney of record will require the production of documents from {{ x }}pursuant to the attached subpoena.

Unless counsel waives notice, the enclosed subpoena will be served at the close of business fourteen days from this date unless an objection is received before that date. If requested by petitioner, copies of all materials received pursuant to the subpoena will be forwarded to respondent’s counsel upon receipt of the requested records.

Dated: December 22, 2022

ELLIOTT RIQUELME & WILSON, LLP

By: \_

L. Todd Wilson, OSB No. 974383

Of Attorneys for Petitioner

Trial Attorney: Same

CERTIFICATE OF SERVICE

I hereby certify that I served the forgoing NOTICE OF CIVIL SUBPOENA DUCES TECUM on the below listed parties by mailing a copy therefore, contained in a sealed envelope, with postage prepaid, addressed to the last known address as shown below, and deposited in the post office at Bend, Oregon, on said day.

|  |
| --- |
| Brent N. Wilkins  Stahancyk Kent & Hook PC  158 NE Greenwood Ave Ste 1  Bend OR 97701  [brent.wilkins@stahancyk.com](mailto:sck@hartwagner.com) |

\_\_ By **Mailing** full, true, and correct copies thereof in sealed, first-class postage-prepaid envelopes, addressed to the attorney as shown above, the last-known office addresses of the attorney, and deposited with the United States Postal Service at Bend, Oregon, on the date set forth below.

By causing full, true, and correct copies thereof to be **hand-delivered** to the attorneys of record at the courthouse, their office or current place of business on the date set forth below.

\_\_\_ By **Faxing** full, true, and correct copies thereof to the attorneys at the fax numbers shown above, which are the last-known fax numbers for the attorneys' offices, on the date set forth below.

XX By **E-mailing** full, true, and correct copies thereof to the attorneys at the E-mail addresses shown above, which are the last-known E-mail addresses for the attorneys' offices, on the date set forth below.

DATED: December 22, 2022

ELLIOTT RIQUELME & WILSON, LLP



By: \_

L. Todd Wilson, OSB No. 974383

Of Attorneys for Petitioner

Trial Attorney: Same

**DECLARATION OF AUTHENTICITY**

**THE FOLLOWING FORM IS TO BE COMPLETED BY THE INDIVIUAL RESPONSIBLE FOR RESPONDING TO THE SUBPOENA OR AUTHORIZATION FOR REQUESTING THE COMPLETE RECORDS OF:**

Patient: **Elissa Cumming** DOB: **June 1, 1988**

Provider: **{{ x }}**

1. What is your name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your job title? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are there records for the above-listed patient at your office or facility?

\_\_\_\_ Yes \_\_\_\_ No, If not specify whether \_\_\_\_ the above-listed patient was not seen at your office; \_\_\_\_ the records have been destroyed; or \_\_\_\_ the records were relocated to the following address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. How many pages are in the patient’s chart? \_\_\_\_\_\_\_
2. How many pages are you sending us? \_\_\_\_\_\_\_\_
3. Do the attached records include the complete, cover-to-cover chart and all notes, records, reports, bills, correspondence, images, imaging reports, and all other requested documents for the above-listed patient at your office(s)?

\_\_\_\_ Yes \_\_\_\_ No – **IF NOT, what records have been omitted?** Specifically identify each document by authoring physician, description and date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I HEREBY DECLARE THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I UNDERSTAND IT IS MADE FOR USE AS EVIDENCE IN COURT AND IS SUBJECT TO PENALTY FOR PURJURY.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Custodian of Records