



101 E. Carmel Dr Ste 111  
Carmel, IN 46032

May 3, 2020  
Order # 241970

Attention: Records Department -medical  
Dr. Jonathan Warner  
412 W Carroll Ave # 200  
Glendora,, CA 91741

**THIS IS A REQUEST FOR RELEASE OF PATIENT RECORDS. A SIGNED RELEASE IS ENCLOSED**

Dr. Jonathan Warner  
412 W Carroll Ave # 200  
Glendora,, CA 91741

**Patient:** Lamont Denson  
**DOB:** 6/5/1953  
**Record Dates:** 1/1/2005 - 1/1/2020  
**Requested Records:** Medical, all within date range

**ATTENTION: Please Read**

- \* Return this letter with requested records.
- \* Notify us before processing if fees exceed \$250.00 or do not comply with state statutes for medical record copies.
- \* Please comply with the HITECH ACT. Provide records in electronic format and charge appropriate fees per the requirement of 45 CFR 164.524(c)(2)(ii)

**Fax:** 877-815-2003 or 317-350-1317

**Phone:** 317-810-1691 option 2

**Email:** support@nationalrr.com

**Mail:** National Record Retrieval | 101 E. Carmel Dr. Ste 111 | Carmel, IN 46032

**HIPAA AUTHORIZATION****For the Disclosure of Protected Health Information Pursuant to 45 CFR §164.508(a)(1)**

**I hereby authorize the disclosure of protected health information as described below from the record(s) pertaining to:**

Facility Name: Dr Jonathan Warner  
 Patient Name: Lamont Denson  
 Birth Date: 06/05/1953 Social Security No.: \_\_\_\_\_

**Person(s) or class of persons to whom the protected health information may be disclosed:** Danziger & De Llano, LLP and/or any records service engaged by Danziger & De Llano, LLP 440 Louisiana St. Suite 1212 Houston, TX 77002. The information obtained will be used in connection with legal representation.

c/o National Record Retrieval 101 E Carmel Drive Ste 111 Carmel IN 46032

**Authorization is made for Paper or Electronic copies of the following medical records:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Entire Record  | <input type="checkbox"/> Consultation Reports     | <input type="checkbox"/> Operative Reports |
| <input type="checkbox"/> Billing Records  | <input type="checkbox"/> Progress Notes/Summaries | (Including implant                         |
| <input type="checkbox"/> Emergency Records                                      | <input type="checkbox"/> Pharmacy/Medication      | tracking stickers or notes)                |
| <input type="checkbox"/> Laboratory Reports                                     | Records   |  |
| <input type="checkbox"/> Pathology Reports                                      | <input type="checkbox"/> Admission & Discharge    |  |
| <input type="checkbox"/> Radiology Reports                                      | Summaries   |  |
| <input checked="" type="checkbox"/> Other <u>Medical, all within date range</u> |   |  |

For the treatment dates of: 1/1/2005-1/1/2020

This authorization is given in compliance with the federal consent requirements for release of alcohol or substance abuse records of 42 CFR 2.31, the restrictions of which have been specifically considered and expressly waived. I further understand that the information in the patient's health records may also include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), or communicable disease. I understand that authorizing the disclosure of this health care information is voluntary. I can refuse to sign this authorization. I understand that I have a right to a copy of this authorization. I understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure of the patient's health information by the recipient, resulting in the health information no longer being protected by federal confidentiality rules. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing by sending or presenting my written revocation to the Privacy Contact of the health care provider named above. I understand that the revocation of this authorization will not apply to the extent that the healthcare provider has taken action in reliance thereon. I understand that if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself. **A photocopy or fax of this authorization shall be considered as effective and valid as the original.** In the absence of an express revocation, the authority granted under this authorization shall remain in effect for **180 days after the date set forth below. This authorization does not waive my doctor/patient privilege.** This authorization is for securing the medical records and office notes only as described herein. The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization. *The information requested by this authorization falls within § 164.512 of the Health Insurance Portability and Accountability Act of 1996.* The undersigned further agrees to waive at any time limitations required by the above provider with respect to their receipt of this authorization and the date on which the authorization was signed. Fees and charges will be reasonable, cost-based, and comply with all laws and regulations applicable to release of Protected Health Information. Payment will be due at time of release.

SIGNATURE  DATE 5/3/2020

PRINTED NAME: Lamont Denson RELATIONSHIP: \_\_\_\_\_



DANZIGER & DE LLANO, LLP

*attorneys at law*

Dear Custodian of Records:

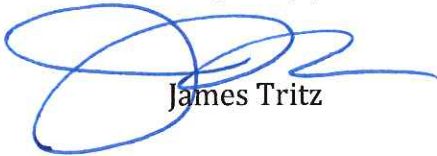
Please be advised that National Record Retrieval, LLC has been commissioned by Danziger & De Llano, LLP to act as our agent and/or representative to obtain records on our clients. National Record Retrieval, LLC may obtain, on our behalf; medical records, billing records, x-ray film, or pharmacy records regarding our client (your patient).

All bills, inquiries, questions and records should be directed to:

National Record Retrieval, LLC  
301 E Carmel Dr  
Suite F100  
Carmel, IN 46032  
Tel: (317) 810-1691  
Fax: (317) 810-1704

Please release the requested records at your earliest possible convenience. Thank you for your anticipated cooperation in this important matter.

Very truly yours,



James Tritz