



**From:** PAUL DULBERG paul\_dulberg@comcast.net    
**Subject:** Re: Release and copy of court order  
**Date:** November 28, 2018 at 9:41 AM  
**To:** Julia Williams juliawilliams@clintonlaw.net  
**Cc:** Ed Clinton ed@clintonlaw.net, Mary Winch marywinch@clintonlaw.net

PD

Hi Julia,

I found the Disks.

Attached is 3 jpg files of the x-rays exported from the viewer on the disk from Centegra HealthSystem. It is noted that the IMG2.jpg is the best image of the injury.

The other Disk from Open Advanced MRI does not seem to have an export option readily available in the viewer. It appears to be a series of images that run like a video at all different angles.

This Disk sleeve has a name noted: Dr Karen Levin (I think this is the Dr who ordered the MRI)

Which is the best method of getting you these disks?

1. I can try to upload the disks to you.  
Centegra disk appears to be 19.8MB  
Open Advanced MRI appears to be 174MB

2. I can Mail them both to your office

3. Do you have another option?

Thanks,  
Paul

On 11/28/2018 6:43 AM, Paul Dulberg wrote:

Hi Julia,

Yes, I recognize those disks.

One disk is 2 xrays from the Hospital the day of the injury and the other is an MRI done at a later date.

It's surprising Gooch couldn't open them. They were provided by the Hospital and the MRI place.

If I remember correctly, Both come with their own reader right on the same disk with instructions on how to view the Images and save them as JPEG's, etc..

Those images are also included in emails between Hans Mast and myself. Possibly sent to others as well, possibly Baudins.

I'm trying to remember if Hans Mast even had them printed out for the depositions.

I also have those images somewhere in my backed up files off my computer.

I should have those disks somewhere around here, I may have put them with the rest of my old cd/dvd's.

It's early in the Morning here, My coffee hasn't kicked in just yet, I need a little time to look for them.

Worse case scenario, If they were lost somewhere between Gooch's office and Myself, I can pay for new copies again.

I will let you know if I have them or need to get new copies from the Medical providers as soon as I can, Hopefully by the end of the day today or early tomorrow.

Thanks,  
Paul

On 11/27/2018 10:27 AM, Julia Williams wrote:

Dear Paul,

One other item. When we obtained the file from Mr. Gooch, he referenced two disks—pictures of which are attached. Mr. Gooch could not open them with his software and stated he returned them to you. I do not see them in the box you provided to us. Do you have those disks? Can you provide us a copy?

Best Regards,

Julia Williams  
Of Counsel  
The Clinton Law Firm  
111 W. Washington, Ste. 1437  
Chicago, IL 60602  
P:312.357.1515  
F: 312.201.0737

[juliawilliams@clintonlaw.net](mailto:juliawilliams@clintonlaw.net)

This message may be privileged and confidential. If you are not the intended recipient, please delete the email and notify the sender immediately.

On Nov 27, 2018, at 10:19 AM, Julia Williams <[juliawilliams@clintonlaw.net](mailto:juliawilliams@clintonlaw.net)> wrote:

Dear Paul,

Attached is the last court order. It is a bit difficult to read. We have until Dec 6 to file an amended complaint. Defendants are to respond by January 11, 2019. The next statute is February 25, 2019 at 9:00 am.

I was able to obtain the file from the Gooch Firm without a release.

We will be sending an amended pleading likely Friday for your review.

Best Regards,

Julia Williams  
Of Counsel  
The Clinton Law Firm  
111 W. Washington, Ste. 1437  
Chicago, IL 60602  
P: 312.357.1515  
F: 312.201.0737  
[juliawilliams@clintonlaw.net](mailto:juliawilliams@clintonlaw.net)

This message may be privileged and confidential. If you are not the intended recipient, please delete the email and notify the sender immediately.

On Nov 27, 2018, at 9:14 AM, Paul Dulberg <[Paul\\_Dulberg@comcast.net](mailto:Paul_Dulberg@comcast.net)> wrote:

Hi Julia,  
Hope you had a happy Thanksgiving weekend.  
I haven't received either the release for the Gooch files that needed to be signed or the copy of the last court order.  
Thanks,  
Paul

<Dulberg Order 2018 Nov 13.pdf>

00000109381  
DULBERG, PAUL R.  
M  
DOB: 3/19/1970  
Age:

L  
Northern Illinois Medical  
2  
6/28/2011-2

View Position: L  
Lateral





Z: 0.2 X  
L: 2048 W: 4096

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DOLBERG-PAUL R  
M  
DOB: 3/19/1970  
AGE:

Northern Illinois Med  
6/23/20

View: F  
Lat



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L: 2047 W: 4095

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DULBERG~PAUL~R.  
M  
DOB: 3/19/1970  
Age: 041Y

AUTHORIZATION-FILM RELEASE  
Northern Illinois Medical Center  
213  
6/28/2011



**AUTHORIZATION FOR DISCLOSURE HEALTH  
INFORMATION MEDICAL RECORDS**

PATIENT NAME DULBERG, PAUL MRN 109381  
LAST FIRST MIDDLE INITIAL

DATE OF BIRTH 3-19-70 TELEPHONE \_\_\_\_\_  
MM/DD/YY

The undersigned hereby authorizes and requests:

NIMC to furnish to: myself  
INSTITUTION OR INDIVIDUAL INSTITUTION, INDIVIDUAL, OR AGENCY

STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE CITY STATE ZIP CODE

Information contained in my healthcare record for review, examination, and/or photocopies. Access to this information is limited as designated below:

TYPE OF HEALTHCARE ENCOUNTER: \_\_\_\_\_ DATE (S): From: \_\_\_\_\_ To: \_\_\_\_\_ \*

Release only those portions of the medical record checked  
below: Entire medical record: ( ) Films: ( ) RT FOREARM 6-28-11

Abstract: ( ) Other: ( ) Please Specify: ad & Report

The purpose/need for the record/information is: \_\_\_\_\_  
(e.g., further care, insurance claim, legal counsel, etc.)

I fully understand the following: My medical record and/or information in connection with the hospitalization / treatment date(s) stated above may contain mental health and developmental disabilities, alcohol or drug abuse, and/or Acquired Immune Deficiency Syndrome (AIDS)/HIV test results and/or information. The medical records and/or healthcare information authorized to be disclosed hereunder are privileged and confidential and may be disclosed only on my authorization, except as required by law. I understand that information disclosed pursuant to this authorization may be redisclosed by the recipient and may not be covered by law. Centegra Health System is not responsible for any redisclosures of health information or medical records. I may inspect and arrange for photocopies of the information records/healthcare that are to be disclosed.

**THIS AUTHORIZATION EXPIRES ONE (1) YEAR FROM THE DATE OF SIGNATURE.**

I may revoke this authorization at any time (except to the extent that action has already been taken in good faith reliance on this authorization) by submitting a written revocation request to the CHS facility where I signed my authorization. If I refuse to sign this authorization, my medical records/health information will not be released. I understand that if this authorization is for the purposes of third party payment to Centegra Health System that diagnostic and therapeutic information as may be necessary to process benefits will be disclosed to my insurance company and/or the insurance company's review agency, and that refusal to authorize information for this purpose will result in the assignment of financial responsibility to me for these services. No other adverse consequences to me will result if I refuse to sign this authorization.

PATIENT/AUTHORIZED SIGNATURE [Signature] DATE 1-28-12  
(if other than patient, state relationship)

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

GMC10065-00 01/88 03/03 (9850-313)

\*1AUTHD\*

**Authorization for Disclosure Health  
Information/Medical Records**

Page 1 of 1





00000109381  
DULBERG, PAULY R.  
M  
DOB: 3/19/1970  
Age:

LATEPAL  
Northern Illinois Medical Center  
2139703  
6/28/2011-2:53 PM  
Se:  
Im:1  
View Position: LATEPAL  
Laterality: II/A





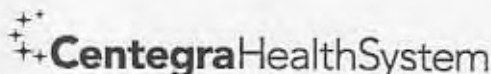
0000109381  
DULBERG~PAUL~R  
M  
DOB: 3/19/1970  
Age:

AP  
Northern Illinois Medical Center  
2130703  
6/23/2011-2:54 PM  
Ss:  
Inc:1  
View Position: AP  
Laterality: N/A

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**AUTHORIZATION FOR DISCLOSURE HEALTH  
INFORMATION MEDICAL RECORDS**

PATIENT NAME DULBERG, PAUL MRN 109381  
LAST FIRST MIDDLE INITIAL

DATE OF BIRTH 3-19-70 TELEPHONE \_\_\_\_\_  
MM/DD/YY

The undersigned hereby authorizes and requests:

NIMAC to furnish to: my self  
INSTITUTION OR INDIVIDUAL INSTITUTION, INDIVIDUAL, OR AGENCY

STREET ADDRESS \_\_\_\_\_  
STREET ADDRESS

CITY STATE ZIP CODE CITY STATE ZIP CODE

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TYPE OF HEALTHCARE ENCOUNTER: \_\_\_\_\_ DATE (S): From: \_\_\_\_\_ To: \_\_\_\_\_ \*

Release only those portions of the medical record checked

below: Entire medical record: ( ) Films: ( ) RT Forearm 6-28-11

Abstract: ( ) Other: ( ) Please Specify: ad & Report

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(e.g., further care, insurance claim, legal counsel, etc.)

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PATIENT/AUTHORIZED SIGNATURE Paul Dulberg  
(If other than patient, state relationship)

DATE 1-24-12

WITNESS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

