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October 24, 2012

COPY

Release of Information/Medical Records Custodian
c/o Dr. Frank Sek
4606 West Elm Street
McHenry, IL 60050

Re: *Paul Dulberg v. Carolyn McGuire and Bill McGuire*
McHenry County Case No. 12 LA 178
Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

On September 4, 2012, I issued a medical records request to your facility seeking a complete set of medical records and itemized statements for the above-referenced patient (see enclosed). To date, however, our office has no record of receiving a response to the records request. Kindly forward copies of Mr. Duberg's medical records and itemized statements at your earliest convenience. Thank you.

Very truly yours,

Cicero, France, Barch & Alexander, P.C.



RONALD A. BARCH

RB:mj/subltr.records.Dr.Sek.002

encls.

cc: Attorney Hans A. Mast
Attorney Perry Accardo

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September 4, 2012

Release of Information/Medical Records Custodian
c/o Dr. Frank Sek
4606 West Elm Street
McHenry, IL 60050

Re: *Paul Dulberg v. Carolyn McGuire and Bill McGuire*
McHenry County Case No. 12 LA 178
Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

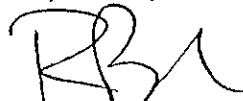
Enclosed with this letter is a Subpoena for Deposition, a HIPAA Records Release Authorization and a check in the amount of \$20.00, the legal witness fee.

Please be advised that your appearance on the date indicated is not necessary. You may comply with the subpoena by mailing legible copies of all medical records, medical statements for services and medical reports of Paul Dulberg for the dates requested in the subpoena, in your possession or subject to your control.

Please note that we represent Carolyn McGuire and Bill McGuire in this case and not your patient. Since we do not represent the patient, we cannot discuss the substance of your care or the pending lawsuit with you outside the presence of your patient's attorney. If you have questions about how to comply with the subpoena, you may call my secretary, but neither she nor I can talk to you about any aspect of the lawsuit or the patient's medical treatment. Thank you in advance for your professional cooperation.

Very truly yours,

Cicero, France, Barch & Alexander, P.C.



RONALD A. BARCH

RB:mj/subltr.records

encls.

cc: Attorney Hans A. Mast

MALE, M. M. JOHNSON
PUBLIC STATE OF ILLINOIS
COMMISSION EXPIRES: 09/29/13

HIPAA RECORDS RELEASE AUTHORIZATION

I, the undersigned, hereby authorize and allow release of medical and personal health information and records pertaining to Plaintiff, PAUL DULBERG (DOB: March 19, 1970), to the parties, and attorneys for those parties, in the action that has been filed entitled *Paul Dulberg, Plaintiff, v. David Gagnon, individually and as agent of Caroline McGuire and Bill McGuire, and Caroline McGuire and Bill McGuire, individually, Defendants*, Case No. 12 LA 178, in the Circuit Court of the 122nd Judicial Circuit, McHenry County, Illinois ("the litigation").

I understand that the information that can be obtained by presentation of this Authorization includes copies of any and all hospital, clinic or doctor's records, notes, memoranda, pathology, radiology, surgical or other specialists or consultant reports, lab or test results, physical therapy records, inpatient and outpatient records, index cards, patient information or history sheets, prescription information, correspondence, billing and payment records, insurance information, photographs and all other related information and documents concerning this patient.

This Authorization may be used by my attorney to obtain any of the above information. This Authorization may also be used by any party to this litigation, to obtain any of the above information; however, this Authorization can only be used by other parties if accompanied by a valid subpoena or production request for those records with notice of that subpoena or production request to my attorney.

I understand that this Authorization may be used to obtain records of any health care provider or health insurer that may have medical information about me.

I understand that this Authorization is being provided for purposes of the litigation. The records and information obtained by use of this Authorization may be used in that litigation by the parties, including providing this material to experts or consultants, use of it at depositions and other discovery, as well as filing such records in court with pleadings or discovery documents.

This Authorization, unless otherwise revoked, shall be valid during the course of this litigation and until its resolution.

I understand that I may revoke this Authorization by instructing my attorney to advise all parties in writing that this Authorization is revoked.

By accepting and honoring this Authorization, any entity covered by the Health Insurance Portability and Accounting Act (hereinafter referred to as "HIPAA") agrees that the disclosure of the information will have no effect on my ability or inability to receive treatment, payment, enrollment or benefits from the entity providing the records.

I understand that by signing this Authorization otherwise protected health information about me may be disclosed by the parties that receive it and that those parties are not restricted by HIPAA or its regulation as to how they may disclose the information that is provided pursuant to this Authorization.

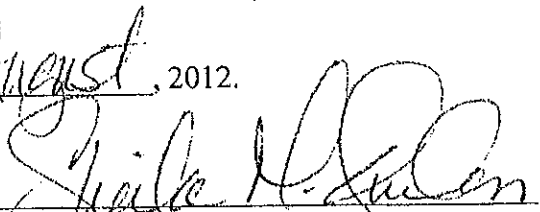
I understand that a photocopy of this Authorization shall have the same force and effect as the original.

It is my earnest desire to move forward with the prosecution of the lawsuit as expeditiously as possible and I do not want to have to sign multiple authorizations as additional medical providers to myself are identified. Therefore, I specifically request that all of my medical providers honor this authorization, even though they are not specifically identified herein.


PAUL DULBERG, Plaintiff

Dated this 20th day of August, 2012.

Subscribed and sworn to before me this 20th day of August, 2012.


Notary Public

