
Full Name

Social Security Number

Date of Birth

**IN RE: ZOMETA®/AREDIA® LITIGATION
SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: MIDDLESEX COUNTY
CASE NO. 278 MT**

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

**In Compliance With the Health Insurance Portability and Accountability Act of 1996
(HIPAA)**

To: _____
Name of Entity

Address

City, State, Zip Code

You are hereby authorized to release my entire medical records file to the Records Requester(s) listed below. This release authorizes you to furnish copies of all medical records, including but not limited to medical history or examination reports and notes, laboratory reports, pathology slides, reports, notes and specimens, radiographic films, CT scans, X-rays, MRI films, MRA films, correspondence, progress notes, prescription records, echocardiographic recordings, written statements, employment records, wage records, insurance, Medicare, Medicaid and disability records, and medical bills regarding my injuries, diseases, diagnoses, or treatment, specifically including but not limited to dental treatment and cancer diagnoses and treatment. This release also authorizes you to furnish copies of any information, including but not limited to the medical records, psychotherapy notes, and clinical information concerning the assessment, evaluation, treatment, and/or hospitalization related to mental health or psychiatric illnesses or conditions.

This authorization is being given at my request in conjunction with the civil litigation matter listed above. You are hereby authorized to release these medical records to the following Records Requester(s) for their use in the above-entitled litigation. The defendant(s) agree to pay reasonable charges to supply copies of such records. Copies of any records obtained will be provided, per agreement, to my legal counsel. You should provide all documents and information to:

Records Requester(s)

- SPRIGGS & HOLLINGSWORTH, 1350 I Street, N.W., Washington, D.C. 20005-3305, (202) 898-5800, or any member, associate or designee of the firm.
- GOODWIN PROCTER LLP, The New York Times Building, 620 Eighth Avenue, New York, NY 10018, (212) 813-8800, or any member, associate or designee of the firm.
- MORRISON & FOERSTER LLP, 12531 High Bluff Drive, Suite 100, San Diego, CA 92130, (858) 720-5100, or any member, associate or designee of the firm.
- VENABLE LLP, 750 East Pratt Street, Suite 900, Baltimore, MD 21202, (410) 244-7400, or any member, associate or designee of the firm.
- ALSTON & BIRD LLP, One Atlantic Center, 1201 West Peachtree Street, Atlanta, GA 30309, (404) 881-7000, or any member, associate or designee of the firm.
- _____

I understand that this authorization pertains to the civil litigation referenced above. This authorization shall remain in full force and effect for the duration of this litigation, including after my death, unless the authorization is revoked by me or my personal representative. You are authorized therefore to release my entire medical records file to the Record Requester(s) even though several months or years may have transpired since the authorization was executed by me. This authorization only shall expire upon the final resolution by all parties of the aforementioned civil litigation, either by final adjudication, final settlement agreement, final judicial dismissal, or by other final judicial order, including but not limited to the resolution of any and all appeals. I understand that this authorization remains in full force and effect until such expiration or revocation, as more fully described below, and further authorizes you to release to the Records Requester(s) any additional records created or obtained by you after the date of execution of this authorization. I understand and intend that you may rely on this authorization in all respects unless you have previously been advised by me in writing to the contrary.

I understand that I may revoke this authorization at any time by providing you a written revocation, but that my revocation will be effective only to the extent that the information has not already been released. I further understand that the covered entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I sign this authorization.

It is expressly understood and intended by the undersigned that you are hereby authorized to accept a copy or photocopy of this authorization with the same validity as though an original had been presented to you.

I understand that any documents or information released by you could potentially be re-disclosed by the aforementioned Records Requester(s) and that any information re-disclosed by that party is not subject to this authorization and may not be subject to HIPAA, the Federal Regulations promulgated under the authority of HIPAA, and more specifically, the requirements imposed by 45 C.F.R. § 164.508. I expressly permit the Records Requester(s) to re-disclose my medical records file for purposes limited to this civil litigation matter or related to the defendant's legal obligations to provide information to the Food and Drug Administration.

This authorization shall not be valid unless the Records Requester(s) named above execute(s) the acknowledgment at the bottom of this authorization.

This authorization is executed and served in compliance with HIPAA, the Federal Regulations promulgated thereunder, and more specifically, 45 C.F.R. § 164.508, all of which govern the requirements for the release of private health information.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Name of Patient	Signature	Date of Birth	Date Signed
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Description of Legal Guardian/Personal Representative's authority to act for Patient.

ACKNOWLEDGMENT

The undersigned, as the Records Requester named in the above medical authorization, hereby declares under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the attorney for the patient named in the foregoing medical authorization has been given notice that the authorization will be used to request records and information from the person or entity to whom it is addressed. The attorney for or the person named in the foregoing medical authorization has also been afforded an opportunity to order copies of the records requested from the undersigned Requester at a reasonable cost.

Records Requester's Signature: _____