



34 - Subpoena duces tecum for medical records, blank court, with witness' stipulation to remain subject to attorney's call, CPLR § 2305(b), 9-03, A copy of this form must be served on all parties. CPLR § 3120(3)

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COURT

COUNTY OF

Index No.

Calendar No.

against

Plaintiff(s)

Defendant(s)

**SUBPOENA  
DUCES TECUM FOR  
MEDICAL RECORDS**

TO

GREETING:

WE COMMAND YOU, That all business and excuses being laid aside, you and each of you (check one box)

to appear and attend before at

on 20 at M and at any recessed or adjourned date to give the testimony and that you bring with you, in this action on the part of the and produce at the same time and place certain:

to produce by 20 original documents for inspection and copying at the place where such items are originally maintained, certain:

deliver by 20 to

complete and accurate copies of certain:

now in your custody, and all other deeds, evidences and writings, which you have in your custody or power, concerning the premises. Failure to comply with this subpoena is punishable as a contempt of Court and shall make you liable to the person on whose behalf this subpoena was issued for a penalty not to exceed fifty dollars and all damages sustained by reason of your failure to comply.

Dated:

(The name signed must be printed beneath)

A copy of this subpoena must accompany all papers or other items delivered to the court.

Attorney(s) for

Office and Post Office Address

**The records shall not be provided unless the subpoena is accompanied by a written authorization by the patient.**

**TO THE FOLLOWING HEALTH CARE PROVIDER:**

**PATIENT AUTHORIZATION**

I Authorize you to provide the records described in the within subpoena duces tecum. This authorization includes complete unredacted copies of any and all of my health, medical, and other records as defined in 45 C.F.R. § 164.501 and regulated by the Standards for Privacy of Individually Identifiable Health Information found in 65 Fed. Reg. 82462 as protected private records or otherwise covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.

(The name signed must be printed beneath)

Unless the subpoena duces tecum directs the production of original documents for inspection and copying at the place where such items are usually maintained, it shall be sufficient to deliver complete and accurate copies of the items to be produced. The reasonable production expenses of a non-party witness shall be defrayed by the party seeking discovery, CPLR § 3122(d).

STATE OF NEW YORK, COUNTY OF

ss.: The undersigned, being duly sworn, deposes and says; deponent

is not a party herein, is over 18 years of age and resides at

That on \_\_\_\_\_ at \_\_\_\_\_ M., at

deponent served the within subpoena on

witness therein named,

- INDIVIDUAL**  by delivering a true copy to said witness personally; deponent knew the person so served to be the person described in said subpoena.
- CORPORATION**  a \_\_\_\_\_ corporation, by delivering thereat a true copy to personally, deponent knew said corporation so served to be the corporate witness and knew said individual to be \_\_\_\_\_ thereof.
- SUITABLE AGE PERSON**  by delivering thereat a true copy to \_\_\_\_\_ a person of suitable age and discretion. Said premises is witness'---actual place of business---dwelling place---usual place of abode---within the state.
- AFFIXING TO DOOR, ETC.**  by affixing a true copy to the door of said premises, which is witness'---actual place of business---dwelling place---usual place of abode---within the state. Deponent was unable, with due diligence to find witness or a person of suitable age and discretion thereat, having called there

- MAILING TO RESIDENCE USE WITH 3 OR 4**  Within 20 days of such delivery or affixing, deponent enclosed a copy of same in a postpaid envelope properly addressed to witness at witness' last known residence, at \_\_\_\_\_ and deposited said envelope in an official depository under the exclusive care and custody of the U.S. Postal Service within New York State.
- MAILING TO BUSINESS USE WITH 3 OR 4**  Within 20 days of such delivery or affixing, deponent enclosed a copy of same in a first class postpaid envelope properly addressed to witness at witness' actual place of business, at \_\_\_\_\_ in an official depository under the exclusive care and custody of the U.S. Postal Service within New York State. The envelope bore the legend "Personal and Confidential" and did not indicate on the outside thereof, by return address or otherwise, that the communication was from an attorney or concerned an action against the witness.

- DESCRIPTION USE WITH 1,2, or 3**
- |                                 |                                      |                                      |                                     |                                       |                                    |   |
|---------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Male   | <input type="checkbox"/> White Skin  | <input type="checkbox"/> Black Hair  | <input type="checkbox"/> White Hair | <input type="checkbox"/> 14-20 Yrs.   | <input type="checkbox"/> Under 5'  | <input type="checkbox"/> Under 100 Lbs. |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black Skin  | <input type="checkbox"/> Brown Hair  | <input type="checkbox"/> Balding    | <input type="checkbox"/> 21-35 Yrs.   | <input type="checkbox"/> 5'0"-5'3" | <input type="checkbox"/> 100-130 Lbs.   |
| <input type="checkbox"/>        | <input type="checkbox"/> Yellow Skin | <input type="checkbox"/> Blonde Hair | <input type="checkbox"/> Mustache   | <input type="checkbox"/> 36-50 Yrs.   | <input type="checkbox"/> 5'4"-5'8" | <input type="checkbox"/> 131-160 Lbs.   |
| <input type="checkbox"/>        | <input type="checkbox"/> Brown Skin  | <input type="checkbox"/> Gray Hair   | <input type="checkbox"/> Beard      | <input type="checkbox"/> 51-65 Yrs.   | <input type="checkbox"/> 5'9"-6'0" | <input type="checkbox"/> 161-200 Lbs.   |
| <input type="checkbox"/>        | <input type="checkbox"/> Red Skin    | <input type="checkbox"/> Red Hair    | <input type="checkbox"/> Glasses    | <input type="checkbox"/> Over 65 Yrs. | <input type="checkbox"/> Over 6'   | <input type="checkbox"/> Over 200 Lbs.  |
- Other identifying features: \_\_\_\_\_

At the time of said service, deponent paid (tendered) in advance \$ \_\_\_\_\_ the authorized traveling expenses and one day's witness fee.

Sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
*Print name beneath signature*

INDEX NO. \_\_\_\_\_ COURT \_\_\_\_\_ LICENSE NO. \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

# Subpoena Duces Tecum

LAW OFFICES OF \_\_\_\_\_

*against* \_\_\_\_\_ *Plaintiff*  
 \_\_\_\_\_ *Attorney(s) for*  
 \_\_\_\_\_ *Office and Post Office Address*

\_\_\_\_\_ *Defendant*

It is stipulated that the undersigned witness is excused from attending at the time herein provided or at any adjourned date but agrees to remain subject to, and attend upon, the call of the undersigned attorney.

Dated: \_\_\_\_\_  
 \_\_\_\_\_ *Witness* \_\_\_\_\_ *Attorney(s) for*