

Records of. . : ANDERSON, TIFFANY
Defendant . . : SAN JOAQUIN COUNTY MOSQUITO & VCD
Client/Insured: STOCKWELL, HARRIS, WOOLVERTON & MUEHL
File Number . : /VE0700184
Case Number . : ADJ7004221



ID# INFO: [B29078C]
C50913

Location B 2 9 0 7 8 C
KAISER PERMANENTE HOSPITAL/PMG, SOUTH SACRAME
6600, BRUCEVILLE ROAD
SACRAMENTO, CA 95823

Record Types. : ANR
Deliver To. . : TIFFANY ANDERSON/IN PRO PER
Attention . . : TIFFANY ANDERSON/IN PRO PE
2 NORTH AVENA AVENUE
LODI, CA 95240

Deposition Date 24 OCT 2011 Office Responsible for Delivery
Rt#:561/Modesto (CA 93722)

Customer A/c#
128251

Note (s)

Dear Valued Client;

Please accept this as confirmation that the above location has advised they have none of the requested items, as indicated on the attached Certificate of No Records. Along with our verification process, the location has confirmed that they executed a full and complete search with the information provided. The signed document is attached for your review.

Should additional information become available which indicates records exist, or should you have any questions or concerns, please contact our office and it would be our pleasure to continue our efforts.

Thank You,

Compex Customer Service
Telephone: 1-800-4COMPEX
Email: cservice@compexlegal.com

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ7004221

STATE OF CALIFORNIA, County of SAN JOAQUIN

The undersigned states:

That he/she is (one of) the attorney(s) of record/representative(s) for the applicant/defendant in the action captioned on the subpoena duces tecum. That KAISER PERMANENTE HOSPITAL/PMG, SOUTH SACRAMENTO has in his/her possession or under his/her control the documents described on the subpoena.

That said documents are material to the issues involved in the case for the following reasons:

These records may contain information that will help in the resolution of this claim.

Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994

That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by dependent(s) of the decedent. (Check box if applicable and part of the declaration below. See instruction on Subpoena.)

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 21, 2011, at Torrance, CA 90503

STOCKWELL, HARRIS,
[S] WOOLVERTON &
Signature MUEHL

1545 RIVER PARK DR, SUITE 330
SACRAMENTO, CA 95815
Address

916-924-1862
Telephone

DECLARATION OF SERVICE

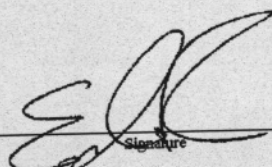
STATE OF CALIFORNIA, County of SAN JOAQUIN

I, the undersigned, state that: I served the foregoing subpoena by delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

<u>Name of person served</u>	<u>Date of service</u>	<u>Place</u>	<u>Phone</u>
YVETTE SOLANO	9/28/2011	KAISER PERMANENTE HOSPITAL/PMG, SOUTH SACRAMENTO	916-525-6950

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 28, 2011, at Torrance, CA 90503


Signature



COMPEX

Legal Services, Inc.

ORDER NUMBER: C50913-C Depo Date: _____ N/A ☐

Records can only be verified by a Compex employee that has completed verification training and is certified to do so.

Records/CNR Verification by Operations:

Verified by: _____ Date: _____

Production/QA Verification:

Verified by: _____ Date: _____

Operations Checklist

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

PATIENT NAME
PATIENT AKA
DATE OF BIRTH
SOCIAL SECURITY NUMBER
LOCATION NAME
CUSTODIAN'S SIGNATURE
REASON FOR NO RECORDS

Production Intake

CLAUSE RESTRICTIONS:

SPECIFIC/LIMITED DATE RANGE
SPECIFIC/LIMITED BODY PARTS
TREATING PHYSICIAN
CLAIM/POLICY NUMBER

OTHER _____

(Please specify the other verification method)

Missing Records: ☐ Medical ☐ Billing ☐ X-Rays ☐ Affidavit ☐ Other _____

Created Check-On: ☐ Yes ☐ No (If No, specify reason) _____

CNR Rejected (specify reason for rejection)

- ☐ Billing loc only ☐ Med recs not yet provided ☐ Recs at diff loc
☐ Loc needs more info and attempted to obtain info from other recs rcvd
☐ Incomplete CNR: _____

Notes/Comments:

The Permanente Medical Group, Inc
Medical Secretaries/Release of Information
6600 Bruceville Road
Sacramento, CA 95823
916-525-6940

Name: TIFFANY K ANDERSON

MR#: 110007897964

**AFFIDAVIT OF CUSTODIAN OF
MEDICAL RECORDS**

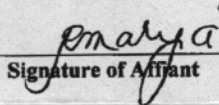
Says as follows:

- 1) That Affiant is a duly authorized Custodian of Medical Records for Kaiser Foundation Hospital and/or The Permanente Medical Group, Inc. SACRAMENTO and has the authority to certify said records, and
- 2) That the copy or original of the Medical Records attached to this Affidavit is a true copy of all records described in the subpoena duces tecum which by law are permitted to be disclosed, and
- 3) That the copy or original of the Medical Records attached to this Affidavit is a true copy of all records dated within the last seven years. If upon reviewing the records provided, it has been found that additional records are needed prior to the last seven years, please contact our office immediately; and
- 4) That the records contained herein are (Hospital, Emergency Department, Physician Office, Laboratory and Radiology) in (Hybrid) format for TIFFANY K ANDERSON
- 5) Pursuant to state and federal law, records which contain information pertaining to the treatment of psychiatric, chemical dependency, and HIV testing are subject to strict confidentiality and may not be disclosed in response to a routine subpoena. Such material may be obtained only upon a special court order or specific written authorization that meets federal or state guidelines. If you believe the patient's chart included such information, please request these records by special court order or by providing us with the proper authorization.

As custodian of these records, the following steps were taken to prepare said records in response to the above-described Subpoena Duces Tecum:

As of the below date no records exist for this patient at: Kaiser South Sacramento Medical Center

- 6) I, Rachel M. Alejo, declare under penalty of perjury that the foregoing is true and correct, to the best of my knowledge.



Signature of Affiant

09/28/11

Date: 9/28/11

Electronic Records: N/A

Outpatient Volumes: N/A

Inpatient Volumes: N/A

Psychiatric Volumes: N/A

Tiffany Anderson
2 north Avevna Avenue
Lodi CA 95240