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ATTORNEY'S CERTIFICATION OF SUBPOENA COMPLIANCE

check one

- BAPTIST MEDICAL CENTER 800 Prudential Drive, Jacksonville, FL 32207
Attn: Medical Records Fax: (904)202-2233
- BAPTIST MEDICAL CENTER *BEACHES* 1350 13th Avenue South, Jacksonville Beach, FL 32250
Attn: Medical Records Fax: (904)247-2963
- BAPTIST MEDICAL CENTER *NASSAU* 1250 South 18th Street, Fernandina Beach, FL 32034
Attn: Medical Records Fax: (904)321-3615
- BAPTIST HOME HEALTH CARE 3563 Philips Hwy, Suite 202, Jacksonville, FL 32207
Attn: Medical Records Fax: (904)202-4373
- BAPTIST OCCUPATIONAL HEALTH 1325 San Marco Blvd., Suite 301, Jacksonville, FL 32207
Attn: Medical Records Fax: (904)202-2191
- PAVILION INFUSION THERAPY 3563 Philips Hwy, Suite 202, Jacksonville, FL 32207
Attn: Medical Records Fax: (904)398-2225
- PAVILION PLAZA PHARMACY 1325 San Marco Boulevard, Suite 801, Jacksonville Florida 32207
Attn: Medical Records Fax: (904)202-5273
- WOLFSON CHILDREN'S HOSPITAL 800 Prudential Drive, Jacksonville, FL 32207
Attn: Medical Records Fax: (904)202-2233

Patient Name: _____

Date of Birth: _____

Social Security No.: _____

As the attorney subpoenaing protected health information regarding the above-referenced patient, I hereby certify that:

- A. I have made a good faith attempt to provide written notice to the patient (or the patient's attorney); **AND**
- B. The notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit the patient (or the patient's attorney) to raise an objection to the Court; **AND**
- C. The time for the patient (or the patient's attorney) to raise objections to the Court has elapsed; **AND**
- D. No objections were filed, or all objections filed by the patient (or the patient's attorney) have been resolved by the Court and the disclosures being sought are consistent with such resolution.

I have also attached applicable documentation demonstrating the foregoing.

Signature: _____

Name: _____

Bar No.: _____

Date: _____