

Exhibit A

Returned and completed pages 1-3 and 5 of 10-27-14 letter from Plaintiff to St. Joseph Mercy Orthopedic Center, verifying records were sent to Mr. Hassouna and Mr. Wright on 7-15-13 and 7-24-13, respectively.

6477 Edgewood
Canton, MI 48187
October 27, 2014

St. Joseph Mercy Michigan Orthopedic Center
Attn: Records Custodian
5315 Elliot Dr., Suite 301
Ypsilanti, MI 48197

**RE: Medical Records Releases for Tamara Filas, DOB redacted
Disclosure Information Request**

Dear Health Information Management Representative,

In June 2013, your office should have received two separate completed copies of form MC315 signed and dated by me to release my medical records to Mr. James Wright (Item 1 below) and Mr. Ahmed Hassouna (Item 2 below). There was also a medical records request (Form MC 315) signed by me to have the same records that were released to Mr. Hassouna to be sent to me.

R E D A C T E D

I am requesting the disclosure of the following information regarding the release of my records to any of the entities listed above in items 1-3, or anyone else to whom my records may have been released (see item 4 below).

For your convenience, I have provided a simple form for you to fill out. Please answer all questions that are discloseable. If a question cannot be answered, give a brief explanation why.

Please answer the questions presented below in items #1-4, sign and date at the bottom, and return the completed copy to me at 6477 Edgewood, Canton, MI 48187.

Thank you,

Signature
redacted

Tamara Filas

*Forms Completed
& Returned to
patient.
10/29/14.*

Item 1:

Mr. James Wright
Zausmer, Kaufman, August & Caldwell, P.C.
31700 Middlebelt Rd., Suite 150
Farmington Hills, MI 48334

- 1) Were all of the records that I, Tamara Filas, requested to be sent to Mr. Wright or anyone else at the address above, copied and sent out? yes no.
- 2) Were only some of the records that I, Tamara Filas, requested to be sent to Mr. Wright or anyone else at the above address copied and sent out?
 yes no. If yes, explain why only some were sent.

All sent. Records, xray disc & Billing stmt
mailed on ~~7-24-14~~ 7-24-13
ERROR JMS

- 3) If yes to #1 or #2, was a fee paid to you for the copying and mailing of the records to Mr. Wright or anyone else at the address above? yes no.

If the answer is no, skip to number 5. If answer is yes, proceed to question 4.

- 4) Was the fee paid before or after the records were copied and sent out?
 before after

- 5) On what date were the records sent: ~~7-24-14~~ 7-24-13

- 6) If no records requested were sent, what is the reason records were not sent?
ERROR JMS

Judge Manders, medical records Dept.
10/29/14 Suite 301

Item 2:

Mr. Ahmed Hassouna
Law Offices of Mark E. Williams
340 E. Big Beaver Suite 250
Troy, MI 48083

- 1) Were all of the records that I, Tamara Filas, requested to be sent to Mr. Hassouna or anyone else at the address above, copied and sent out?
 yes ___ no.
- 2) Were only some of the records that I, Tamara Filas, requested to be sent to Mr. Hassouna or anyone else at the above address copied and sent out?
___ yes no. If yes, explain why only some were sent.

All Records sent, xray disk + Billing stmt
mailed on 7-15-13.

- 3) Was I, Tamara Filas, sent the same exact copies of the records that were sent to Mr. Hassouna or anyone else at the above address? yes ___ no.
- 4) If yes to #1 or #2, was a fee paid to you for the copying and mailing of the records to Mr. Hassouna or anyone else at the address above? yes ___ no.

If the answer is no, skip to number 6. If answer is yes, proceed to question 5.

- 5) Was the fee paid before or after the records were copied and sent out?
 before ___ after
- 6) On what date were the records sent: 7-15-13
- 7) If no records requested were sent, what is the reason records were not sent?

Judy Mander, Medical Records Dept.
10-29-14 Suite 301

Item 4:

Any other person or entity to whom records were sent at any time with or without a signed request from Tamara Filas. This would include records released to insurance companies who requested billing codes, records exchanged between health care providers, records released via a court-ordered subpoena or records provided to an employer or governmental agency by statute or law:

Please give name of each person or entity to whom the records were released, the date they were released, and a brief description of the records released.

<u>Person/entity</u>	<u>Date released</u>	<u>Brief Description of records released</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional sheets as necessary.

Signature of medical records representative completing this form:

Judy Manders

Printed name:

Judy Manders

Andrew Moore MD.
ORTHOPEDIC SURGERY ASSOCIATES, P.C.
5315 ELLIOTT DRIVE
SUITE 301
YPSILANTI, MICHIGAN 48197

Date:

10-29-14

Exhibit B

Accounting of Disclosures from St. Mary Mercy Livonia, verifying records were sent to Mr. Hassouna and Mr. Wright on 7-3-13.

October 31, 2014

Ms. Tamara Filas
6477 Edgewood
Canton, MI 48187

Re: Accounting of disclosures

Ms. Filas,

Attached is the information that you requested regarding releases of your records. This is the standard information that is given with these types of requests as such I am under no obligation to fill out the forms that you requested.

Please contact me if you need further information.

Thank you.



Denise Blackburn, RHIA
Director, Medical Records
(734) 655-1409

5 Record(s) Found

Advanced Search Details

21080 - ST MARY MERCY
HOSPITAL LIVONIA

Log ID	Req ID Requester Notification Num	Location	Patient Name	Requester Name	Scan Date	Request Received Date/Time	Comments	Date Entered
83013577	130251041	21080-St Mary Mercy Hospital Livonia	Tamara Filas	Tamara Filas	07/03/2013	06/24/2013	Any And All Med. Recs. From Dob-present. Billing And Imaging Requests Interofficd)- jm (waiting For Physical Therapy Recs.)-jm. 6/26/13, phy. therapy recs. rcvd-jm.	06/24/2013
83013822	130250651	21080-St Mary Mercy Hospital Livonia	Tamara Filas	Law Offices Of Mark E Williams Attn Mr Ahmed Hassouna	07/03/2013	06/24/2013	Any And All Med. Recs. From Dob-present. (billing And Imaging Requests Interofficd)- jm. (waiting For Physical Therapy Recs.)-jm. 6/26/13, phy. recs. rcvd-jm.	06/24/2013
83166521	130250250	21080-St Mary Mercy Hospital Livonia	Tamara Filas	Mr James Wright Zausmer Kaufman August And Caldwell P C	07/03/2013	06/24/2013	All Med Recs. From Dob-present. (billing And Imaging Requests Interofficd 6/24/13). (waiting For Physical Therapy Recs)-jm. 6/26/13, phy recs. rcvd-also, this is a revised request with a different address for the recipient, forwarded new copies to radiology and billing-jm.	06/26/2013
81058253	127460929	21080-St Mary Mercy Hospital Livonia	Tamara Filas	Tamara Filas	05/13/2013	05/13/2013	Physical Therapy Recs From 02/2013.	05/13/2013
74550412	119966524	21080-St Mary Mercy Hospital Livonia	Tamara Filas	Tamara Filas	12/19/2012	12/19/2012	All Physical Therapy Recs. From Aug-dec 2012.	12/19/2012

eSmartlog Request Details

21080 : St Mary Mercy Hospital Livonia

Log ID: 83013822	Associate#: 123032	Location: 21080: St Mary Mercy Hospital Livonia
Requester Information		
Phone: 734-751-0103	Name: Law Offices Of Mark E Williams Attn Mr Ahmed Hassouna	Type: Patient
Address: 340 E Big Beaver Suite 250	City: Troy	State-Zip: MI -48083

Patient Information			
Received Date:	06/24/2013		
First Name:	Tamara	Last Name:	Filas
SSN:		Med Rec No:	redacted
Chart Location:	Perm File	Date of Service:	
Complete Date:	07/03/2013	Enter Date:	06/24/2013 @ 11:39:10:am
Page Count:	88	HIPAA reportable disclosure:	
Attention of :		Delivery Method:	Mail
Forms Sent:	ANY AND ALL RECORDS		
Comments:	Any And All Med. Recs. From Dob-present. (billing And Imaging Requests Interofficd)-jm. (waiting For Physical Therapy Recs.)-jm. 6/26/13, phy. recs. rcvd-jm.		
Entered by:	123032-Jeri Mckenzie-Associate		
Pushed from AudaPro:	N/A		
<hr/>			
Request Reason:	Patient Transfer	Billable Type:	Y
Page Count Known:	N	Paper Pages:	0
Electronic Pages:	0	Email:	
		Pay On Site:	N
		Micro Pages:	0
<input type="button" value="Update Record"/>		<input type="button" value="Close This Window"/>	
<input type="button" value="View Request Letter"/>			

Correspondence History	<input type="button" value="New Correspondence Letters"/>
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eSmartlog Request Details

21080 : St Mary Mercy Hospital Livonia

Log ID: 83166521	Associate#: 123032	Location: 21080: St Mary Mercy Hospital Livonia
Requester Information		
Phone: 734-751-0103	Name: Mr James Wright Zausmer Kaufman August And Caldwell P C	Type: Patient
Address: 31700 Middlebelt Rd Suite 150	City: Farmington Hills	State-Zip: MI -48334

Patient Information			
Received Date: 06/24/2013			
First Name: Tamara	Last Name: Filas	DOB: redacted	
SSN:	Med Rec No: redacted	Claim #:	
Chart Location: Perm File	Date of Service:	Patient Acct #:	
Complete Date: 07/03/2013	Enter Date: 06/26/2013 @ 02:31:42:pm		
Page Count: 88	HIPAA reportable disclosure:	Delivery Method: Mail	
Attention of :			
Forms Sent: ANY AND ALL RECORDS			
Comments: All Med Recs. From Dob-present. (billing And Imaging Requests Interofficd 6/24/13). (waiting For Physical Therapy Recs)-jm. 6/26/13, phy recs. rcvd-also, this is a revised request with a different address for the recipient, forwarded new copies to radiology and billing-jm.			
Entered by: 123032-Jeri Mckenzie-Associate			
Pushed from AudaPro: N/A			

Request Reason: Patient Transfer	Billable Type: Y	Pay On Site: N
Page Count Known: N	Paper Pages: 0	Micro Pages: 0
Electronic Pages: 0	Email:	
Update Record	Close This Window	

Exhibit C

Returned and completed pages 1-3 and 5 of 10-27-14 letter from Plaintiff to Dr. James Giordano, verifying records were sent to Mr. Hassouna and Mr. Wright on 6-27-14.

6477 Edgewood
Canton, MI 48187
October 27, 2014

Dr. James Giordano, DDS
Attn: Records Custodian
6150 Greenfield Rd. #200
Dearborn, MI 48126

**RE: Medical Records Releases for Tamara Filas, DOB redacted
Disclosure Information Request**

Dear Health Information Management Representative,

In June 2013, your office should have received two separate completed copies of form MC315 signed and dated by me to release my medical records to Mr. James Wright (Item 1 below) and Mr. Ahmed Hassouna (Item 2 below). There was also a medical records request (Form MC 315) signed by me to have the same records that were released to Mr. Hassouna to be sent to me.

R E D A C T E D

I am requesting the disclosure of the following information regarding the release of my records to any of the entities listed above in items 1-3, or anyone else to whom my records may have been released (see item 4 below).

For your convenience, I have provided a simple form for you to fill out. Please answer all questions that are discloseable. If a question cannot be answered, give a brief explanation why.

Please answer the questions presented below in items #1-4, sign and date at the bottom, and return the completed copy to me at 6477 Edgewood, Canton, MI 48187.

Thank you,

signature
redacted

Tamara Filas

Item 1:

Mr. James Wright
Zausmer, Kaufman, August & Caldwell, P.C.
31700 Middlebelt Rd., Suite 150
Farmington Hills, MI 48334

- 1) Were all of the records that I, Tamara Filas, requested to be sent to Mr. Wright or anyone else at the address above, copied and sent out? yes ___ no.
- 2) Were only some of the records that I, Tamara Filas, requested to be sent to Mr. Wright or anyone else at the above address copied and sent out?

yes ___ no. If yes, explain why only some were sent.

- 3) If yes to #1 or #2, was a fee paid to you for the copying and mailing of the records to Mr. Wright or anyone else at the address above? ___ yes ___ no.

If the answer is no, skip to number 5. If answer is yes, proceed to question 4.

- 4) Was the fee paid before or after the records were copied and sent out?

___ before after *\$50.00 still remains owing, record copy was \$150.00, \$100.00 was paid only CR # 8784*

- 5) On what date were the records sent: 6-27-13

- 6) If no records requested were sent, what is the reason records were not sent?

Item 2:

Mr. Ahmed Hassouna
Law Offices of Mark E. Williams
340 E. Big Beaver Suite 250
Troy, MI 48083

1) Were all of the records that I, Tamara Filas, requested to be sent to Mr. Hassouna or anyone else at the address above, copied and sent out?
 yes ___ no.

2) Were only some of the records that I, Tamara Filas, requested to be sent to Mr. Hassouna or anyone else at the above address copied and sent out?
___ yes no. If yes, explain why only some were sent.

3) Was I, Tamara Filas, sent the same exact copies of the records that were sent to Mr. Hassouna or anyone else at the above address? yes ___ no.

4) If yes to #1 or #2, was a fee paid to you for the copying and mailing of the records to Mr. Hassouna or anyone else at the address above? yes ___ no.

If the answer is no, skip to number 6. If answer is yes, proceed to question 5.

5) Was the fee paid before or after the records were copied and sent out?

___ before after

6) On what date were the records sent: 6-27-13

7) If no records requested were sent, what is the reason records were not sent?

Item 4:

Any other person or entity to whom records were sent at any time with or without a signed request from Tamara Filas. This would include records released to insurance companies who requested billing codes, records exchanged between health care providers, records released via a court-ordered subpoena or records provided to an employer or governmental agency by statute or law:

Please give name of each person or entity to whom the records were released, the date they were released, and a brief description of the records released.

Person/entity Date released Brief Description of records released

R E D A C T E D

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional sheets as necessary.

Signature of medical records representative completing this form:

Carole Bartlett

Printed name:

CAROLE BARTLETT

Date:

10-28-14

Exhibit D

Returned and completed pages 1-3 and 5 of 10-27-14 letter from Plaintiff to Manzo Eye Care, verifying records were sent to Mr. Hassouna and Mr. Wright on 6-25-14.

6477 Edgewood
Canton, MI 48187
October 27, 2014

Manzo Eye Care
Attn: Records Custodian
621 W. 11 Mile Rd.
Royal Oak, MI 48067

**RE: Medical Records Releases for Tamara Filas, DOB redacted
Disclosure Information Request**

Dear Health Information Management Representative,

In June 2013, your office should have received two separate completed copies of form MC315 signed and dated by me to release my medical records to Mr. James Wright (Item 1 below) and Mr. Ahmed Hassouna (Item 2 below). There was also a medical records request (Form MC 315) signed by me to have the same records that were released to Mr. Hassouna to be sent to me.

R E D A C T E D

I am requesting the disclosure of the following information regarding the release of my records to any of the entities listed above in items 1-3, or anyone else to whom my records may have been released (see item 4 below).

For your convenience, I have provided a simple form for you to fill out. Please answer all questions that are discloseable. If a question cannot be answered, give a brief explanation why.

Please answer the questions presented below in items #1-4, sign and date at the bottom, and return the completed copy to me at 6477 Edgewood, Canton, MI 48187.

Thank you,

signature
redacted

Tamara Filas

Item 1:

Mr. James Wright
Zausmer, Kaufman, August & Caldwell, P.C.
31700 Middlebelt Rd., Suite 150
Farmington Hills, MI 48334

1) Were all of the records that I, Tamara Filas, requested to be sent to Mr. Wright or anyone else at the address above, copied and sent out? yes ___ no.

2) Were only some of the records that I, Tamara Filas, requested to be sent to Mr. Wright or anyone else at the above address copied and sent out?

___ yes no. If yes, explain why only some were sent.

3) If yes to #1 or #2, was a fee paid to you for the copying and mailing of the records to Mr. Wright or anyone else at the address above? yes ___ no.

If the answer is no, skip to number 5. If answer is yes, proceed to question 4.

4) Was the fee paid before or after the records were copied and sent out?

before ___ after

5) On what date were the records sent: 6/25/13

6) If no records requested were sent, what is the reason records were not sent?

Item 2:

Mr. Ahmed Hassouna
Law Offices of Mark E. Williams
340 E. Big Beaver Suite 250
Troy, MI 48083

1) Were all of the records that I, Tamara Filas, requested to be sent to Mr. Hassouna or anyone else at the address above, copied and sent out?
 yes ___ no.

2) Were only some of the records that I, Tamara Filas, requested to be sent to Mr. Hassouna or anyone else at the above address copied and sent out?
___ yes no. If yes, explain why only some were sent.

3) Was I, Tamara Filas, sent the same exact copies of the records that were sent to Mr. Hassouna or anyone else at the above address? yes ___ no.

4) If yes to #1 or #2, was a fee paid to you for the copying and mailing of the records to Mr. Hassouna or anyone else at the address above? yes ___ no.

If the answer is no, skip to number 6. If answer is yes, proceed to question 5.

5) Was the fee paid before or after the records were copied and sent out?
 before ___ after

6) On what date were the records sent: 6/25/13

7) If no records requested were sent, what is the reason records were not sent?

N/A

Item 4:


Any other person or entity to whom records were sent at any time with or without a signed request from Tamara Filas. This would include records released to insurance companies who requested billing codes, records exchanged between health care providers, records released via a court-ordered subpoena or records provided to an employer or governmental agency by statute or law:

Please give name of each person or entity to whom the records were released, the date they were released, and a brief description of the records released.

<u>Person/entity</u>	<u>Date released</u>	<u>Brief Description of records released</u>
_____	_____	_____ NJA _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional sheets as necessary.

Signature of medical records representative completing this form:

 _____

Printed name:

Natalie Kempert

Date:

11/3/14

Exhibit E

Returned and completed pages 1-3 and 5 of 10-27-14 letter from Plaintiff to Associates in Physical Medicine and Rehabilitation, verifying records were sent to Mr. Hassouna and Mr. Wright on 6-28-14.

6477 Edgewood
Canton, MI 48187
October 27, 2014

Associates in Physical Medicine & Rehabilitation
Attn: Records Custodian
Reichert Health Center
5333 McAuley Dr., Suite 2009
Ypsilanti, MI 48197

**RE: Medical Records Releases for Tamara Filas, DOB redacted
Disclosure Information Request**

Dear Health Information Management Representative,

In June 2013, your office should have received two separate completed copies of form MC315 signed and dated by me to release my medical records to Mr. James Wright (Item 1 below) and Mr. Ahmed Hassouna (Item 2 below). There was also a medical records request (Form MC 315) signed by me to have the same records that were released to Mr. Hassouna to be sent to me.

R E D A C T E D

I am requesting the disclosure of the following information regarding the release of my records to any of the entities listed above in items 1-3, or anyone else to whom my records may have been released (see item 4 below).

For your convenience, I have provided a simple form for you to fill out. Please answer all questions that are discloseable. If a question cannot be answered, give a brief explanation why.

Please answer the questions presented below in items #1-4, sign and date at the bottom, and return the completed copy to me at 6477 Edgewood, Canton, MI 48187.

Thank you,

Signature
redacted

Tamara Filas

*See attached package
that was sent to Mr.
James Wright.*

Item 1:

Mr. James Wright
Zausmer, Kaufman, August & Caldwell, P.C.
31700 Middlebelt Rd., Suite 150
Farmington Hills, MI 48334

- 1) Were all of the records that I, Tamara Filas, requested to be sent to Mr. Wright or anyone else at the address above, copied and sent out? yes no.
- 2) Were only some of the records that I, Tamara Filas, requested to be sent to Mr. Wright or anyone else at the above address copied and sent out?

yes no. If yes, explain why only some were sent.

- 3) If yes to #1 or #2, was a fee paid to you for the copying and mailing of the records to Mr. Wright or anyone else at the address above? yes no.

If the answer is no, skip to number 5. If answer is yes, proceed to question 4.

- 4) Was the fee paid before or after the records were copied and sent out?

before after

- 5) On what date were the records sent: 06/28/2013

- 6) If no records requested were sent, what is the reason records were not sent?

Free may have been paid to HealthPort who processed your record request HealthPort may be reached at 800-367-1500 to verify if they received payment.

*See attached package
that was sent to
Mr. Ahmed Hassouna.*

Item 2:

Mr. Ahmed Hassouna
Law Offices of Mark E. Williams
340 E. Big Beaver Suite 250
Troy, MI 48083

- 1) Were all of the records that I, Tamara Filas, requested to be sent to Mr. Hassouna or anyone else at the address above, copied and sent out?
 yes no.
- 2) Were only some of the records that I, Tamara Filas, requested to be sent to Mr. Hassouna or anyone else at the above address copied and sent out?
 yes no. If yes, explain why only some were sent.

- 3) Was I, Tamara Filas, sent the same exact copies of the records that were sent to Mr. Hassouna or anyone else at the above address? yes no.
- 4) If yes to #1 or #2, was a fee paid to you for the copying and mailing of the records to Mr. Hassouna or anyone else at the address above? yes no.

If the answer is no, skip to number 6. If answer is yes, proceed to question 5.

- 5) Was the fee paid before or after the records were copied and sent out?

before after

- 6) On what date were the records sent: 06/28/2013

- 7) If no records requested were sent, what is the reason records were not sent?

Free may have been paid to HealthPort who process your record request. HealthPort may be reached at 877-367-1500 to verify if they received payment.

Item 4:

Any other person or entity to whom records were sent at any time with or without a signed request from Tamara Filas. This would include records released to insurance companies who requested billing codes, records exchanged between health care providers, records released via a court-ordered subpoena or records provided to an employer or governmental agency by statute or law:

Please give name of each person or entity to whom the records were released, the date they were released, and a brief description of the records released.

<u>Person/entity</u>	<u>Date released</u>	<u>Brief Description of records released</u>
<u>Mr. Ahmed Nassar</u>	<u>6/28/13</u>	<u>see enclosed package of information mailed</u>
<u>Mr. James Wright</u>	<u>6/28/13</u>	<u>see enclosed package of information mailed</u>
<u>Tamara Filas</u>	<u>6/28/13</u>	<u>see enclosed package of information mailed</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Attach additional sheets as necessary.

Signature of medical records representative completing this form:

Carla Gzym, Medical Records Supervisor

Printed name:

Carla Gzym

Date:

10/30/2014