



ChartSwap
Retrieval Network

Order No. 691462.001

**Attn: Ambulance & Billing Records
Baltimore City Fire Department
401 E Fayette St, 6th Floor
Baltimore, MD 21202**

Facility Fax: 888-972-9641

Please **email**, fax or mail the records to our office:

Email: support@chartswap.com

Fax: 832-742-7149

Mail: P.O. Box 4467, Houston, TX 77210

Patient Name: Michael Taylor
Date of Birth: 11/1/1998
Social Security Number: 2809

Records Type: Ambulance Records

Date Range: **04/16/2021 to 04/16/2021**

Complete file from 04/16/2021 to 04/16/2021, including but not limited to any type of ambulance records, medical records, or hospital records; logs of any 911 calls; 911 CD and reports; any type of run sheet(s), EMT reports, or logs; any type of investigative reports or witness statements; any type of photograph(s); any type of progress notes; any type of doctor's notes; any patient information sheets; any patient evaluation forms; any type of insurance records; any type of report and/or office notes; any type of correspondence.

******Please email or fax the records.******

If records don't exist, please return the attached "Statement of No Records".

Please contact our office prior to copying the records so that a fee approval may be obtained from the attorney. **We will not be able to pay any invoices that do not accompany the records and have not been approved.**

E-mail questions to us at support@chartswap.com. If you would like to speak to an agent, please contact us by phone at 832-742-7149.

BALTIMORE CITY FIRE DEPARTMENT
401 E Fayette St, 6th Floor
Baltimore, MD 21202

STATEMENT OF NO RECORDS

Records Pertaining To: **MICHAEL TAYLOR**

Type of Records: **Ambulance Records**

Date range of records: 04/16/2021 to 04/16/2021

I, the undersigned, am over 18 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

Please choose one:

_____ After a thorough search, no records for the time period requested were located, however we do maintain records but they are outside the requested date range for **Michael Taylor**.

_____ After a thorough search, no records were located for **Michael Taylor**.

My search included the following locations:

_____ Active File _____ Archived Files _____ Off-site Storage _____ Computer Systems

It is the policy of the organization to maintain files for _____ years. Records for **Michael Taylor** are not available for the following reason(s):

_____ Records were lost _____ Records were destroyed _____ Records never existed at this organization

_____ Other (Please Specify):

DATE

Signature of Custodian
Baltimore City Fire Department

Printed Name of Custodian
Baltimore City Fire Department

Salsbury Sullivan, LLC
100 North Charles St., Suite 900 Baltimore MD 21201
(443) 869-3920
(443) 835-2678

May 28, 2025

Custodian Name: Baltimore City Fire Department

Custodian Address: 401 E. Fayette Street, 6th Floor MD 21202 Baltimore USA

Patient Name: Michael Taylor

DOB: November 1, 1998

Dear Custodian:

Please be advised that CHARTSWAP has been commissioned by Salsbury Sullivan, LLC, as our agent and/or representative, to obtain records on the aforementioned person. CHARTSWAP, will obtain record(s) at our behalf; Ambulance, as well as other types of records regarding the aforementioned person.

Please release the items mentioned at your earliest convenience. Thank you for your anticipated cooperation in this matter.

Best regards,

S/ Daniel P. Stringer, Esq.- Salsbury Stringer McCulley, LLC.
Daniel P. Stringer, Esq.- Salsbury Stringer McCulley, LLC.

Collette Andrews on behalf of Salsbury Sullivan, LLC

SALSBURY | STRINGER | McCULLEY

ATTORNEYS AT LAW

May 28, 2025

Sent via Chartswap

Baltimore City Fire Department
401 E. Fayette Street, 6th Floor
Baltimore, MD 21202

Re: My Client: Michael Taylor
D/Birth: 11/1/1998
SS#: xxx-xx-2809
D/Services: 4/16/2021

Dear Sir or Madam:

Kindly be advised our office represents Michael Taylor regarding a medical malpractice matter.

Please provide our office with a complete copy of **all itemized billing statements for services rendered on or about April 16, 2021**. An authorization signed by Mr. Taylor authorizing the release of this information to our office is enclosed for your review.

We request that the records be produced electronically on a CD/USB, via e-mail or records portal for the lower cost. Please **DO NOT** fax medical records in excess of 40 pages. If there is a fee for the reproduction of these materials, please submit an invoice for pre-authorization prior to sending the records.

If you should have any questions, please do not hesitate to contact me. If you are unable to locate this client in your system, please provide our office with written confirmation. Thank you for your time and prompt attention to this matter.

Very truly yours,

SALSBURY STRINGER MCCULLEY, LLC
f/k/a SALSBURY SULLIVAN, LLC

/s/ Collette Billings
Collette Billings

CMB/
Enclosure

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Baltimore City Fire Department

In accordance with the conditions listed below, I authorize the use and/or disclosure of all my medical information to **SALSBURY SULLIVAN, LLC**. I hereby authorize you to release copies of the following checked information:

☐ All medical records (A Complete Copy)	☐ Academic-School Records
☐ Abstract (as outlined in letter)	☐ Videos
☐ Mental Health Records	☐ Economic-Financial Records
☒ Billing Statements	☐ Employment (including wage information)
☐ Radiology-Diagnostic Films	☐ Photographs
☐ Pathology	☐ Other: _____

Dates of Service for check item(s): 4/16/2021

NAME: Michael Taylor SSN: XXX-XX-2809 DOB: 11/1/1998

I also authorize you to speak to and disclose orally any information relating to the above person with the members of the law firm Salsbury Sullivan, LLC. I also authorize your testimony at the deposition or trial at the request of Salsbury Sullivan, LLC. I further authorize you at the request of the law firm of Salsbury Sullivan, LLC to provide a written report concerning my conditions, its causes, prognosis, and any matters deemed relevant to a legal claim. **Finally, I request that you do not discuss my care with any attorney(s) other than those from the law firm of Salsbury Sullivan, LLC.** The purpose of the release and disclosure of this information is at my request.

I understand that I may revoke this authorization, in writing, at any time, to Salsbury Sullivan, LLC, and/or the provider listed above. Also, I may specify a date for expiration, but by law this authorization will expire without my express revocation one year from the date of my signature. Revoking my authorization will not have any effect on actions taken by the health care provider in reliance on this authorization before the health care provider received notice of my revocation.

The information to be disclosed may be protected by law. The protected information provided to Salsbury Sullivan, LLC under this authorization may include diagnosis and treatment information, including information pertaining to chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases (including HIV/AIDS), and/or genetic markers. I understand that information disclosed under this authorization may be redisclosed by Salsbury Sullivan, LLC and therefore, no longer protected by federal privacy regulations.

Without my signature, this request to release the information described above will not be honored. The health care provider may not require my signature in order to obtain treatment.

I understand that the law entitled me to receive a copy of this signed authorization for my records.

Michael Taylor
Michael Taylor

5/28/2025
Date

If the patient is unable to authorize disclosure of this information, the reason is set forth below:

*Note to Health Care Provider: This Authorization is provided in compliance with HIPAA regulations.
Failure to forward the requested information may render a health care provider liable for damages.*

**A PHOTOCOPY, FACSIMILE, AND DIGITALLY IMAGED COPY OF THIS AUTHORIZATION MAY
BE USED IN LIEU OF THE ORIGINAL**