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ATTORNEY'S CERTIFICATION OF SUBPOENA COMPLIANCE

check one	<input type="checkbox"/> BAPTIST MEDICAL CENTER	800 Prudential Drive, Jacksonville, FL 32207 Attn: Medical Records Fax: (904)202-2233
	<input type="checkbox"/> BAPTIST MEDICAL CENTER <i>BEACHES</i>	1350 13 th Avenue South, Jacksonville Beach, FL 32250 Attn: Medical Records Fax: (904)247-2963
	<input type="checkbox"/> BAPTIST MEDICAL CENTER <i>NASSAU</i>	1250 South 18 th Street, Fernandina Beach, FL 32034 Attn: Medical Records Fax: (904)321-3615
	<input type="checkbox"/> BAPTIST HOME HEALTH CARE	3563 Philips Hwy, Suite 202, Jacksonville, FL 32207 Attn: Medical Records Fax: (904)202-4373
	<input type="checkbox"/> BAPTIST OCCUPATIONAL HEALTH	1325 San Marco Blvd., Suite 301, Jacksonville, FL 32207 Attn: Medical Records Fax: (904)202-2191
	<input type="checkbox"/> PAVILION INFUSION THERAPY	3563 Philips Hwy, Suite 202, Jacksonville, FL 32207 Attn: Medical Records Fax: (904)398-2225
	<input type="checkbox"/> PAVILION PLAZA PHARMACY	1325 San Marco Boulevard, Suite 801, Jacksonville Florida 32207 Attn: Medical Records Fax: (904)202-5273
<input type="checkbox"/> 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: _____