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Phone: (412) 281-4100  
Toll-Free: (888) 817-5745  
Fax: (412) 281-4111  
www.meyersmedmal.com

May 16, 2012

Butler Memorial Hospital  
911 E. Brady Street  
Butler, PA 16001-4697

Attention: Medical Records Department  
Correspondence Secretary

Re: Patient:  
Date of Birth:  
Address:

Dear Sir or Madam:

Please be advised that our office represents the above-named patient, who, we understand, was treated at your hospital from April 9, 2012 through April 15, 2012. It is our understanding that Butler Memorial Hospital used or maintained an electronic health record with respect to protected health information of \_\_\_\_\_ Pursuant to the HITECH Act, 42 U.S.C.A. §17935(e), we would appreciate if you would send us, in an electronic format, a complete copy of any electronic health record of our client's treatment during his admission at your hospital, including but not limited to the following:

- (a) Hospital admission face sheet;
- (b) Discharge summary;
- (c) Admission history and physical;
- (d) Progress notes;
- (e) Orders;
- (f) Consultation;
- (g) Radiology reports;
- (h) EKG tests;
- (i) Hematology lab;
- (j) Chemistry lab;
- (k) Miscellaneous lab;
- (l) Graphic vital signs;
- (m) Anesthesia record;
- (n) Operative reports and notes;

- (o) Pathology reports;
- (p) Recovery room;
- (q) Nurses notes;
- (r) Medication records;
- (s) Outpatient records;
- (t) Emergency room records;
- (u) Special diagnostic tests; and,
- (v) Transport Record.

WE REQUEST THAT YOU FAX TO US A PREBILL BEFORE SENDING THE CD.

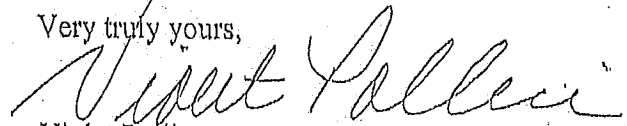
Enclosed is a properly executed authorization permitting you to furnish us with this information. This authorization has been signed by the son of \_\_\_\_\_ as his personal representative. An estate has not been opened but we are enclosing a copy of the death certificate.

Please be advised that we will pay you a reasonable fee for providing the electronic health record or a summary or explanation of such information, in an electronic format, but only so long as the fee does not exceed the cost of labor necessary to respond this request. See 42 U.S.C.A. §17935(e)(2) (2009); 45 C.F.R. §164.524(c)(4) (2002).

In addition, please note that federal law requires you to act on this request for access to (patient's) electronic health record no later than thirty (30) days after your receipt of this request. 45 C.F.R. §164.524(b) - (d).

Your kind and early attention to this request is appreciated.

Very truly yours,



Violet Pollice

Secretary to Jerry I. Meyers

vp:  
Enclosure

# PrePay Notice



FIRST NOTICE

Date Sent: 05/21/2012

SECOND NOTICE

Date Sent:

VIOLET POLICE  
 MEYERS EVANS & ASSOCIATES Acct:  
 2790204  
 707 GRANT ST  
 STE 3200  
 PITTSBURGH, PA 15219

Patient:  
 SSN:  
 Claim/File #: 0690  
 Order #: 24582438  
 Fax #: 412-281-4111

Records requested from: BUTLER MEMORIAL HOSPITAL

IMG

Dear Requester:

Iod Incorporated has been retained by the medical facility listed above to provide release of information services. It is our policy to require payment prior to delivering the requested information. Please note this is an estimated fee, the final amount may differ.

Service dates requested	Specific Date(s): 04/09/12-04/16/12
Items requested	ALL
"PERT ITEMS" = Dictated notes, radiology reports, lab reports, special test results, etc.	

Description	Quantity	Unit Price	Extension
* Note: Hard Copy Page Count: 538	538	\$0.00	\$0.00
Basle Fee \$20.62	1	\$20.62	\$20.62
Copy Charge \$0.34 Per Page, Pages 61+	478	\$0.34	\$162.52
Copy Charge \$1.03 Per Page, Pages 21-60	40	\$1.03	\$41.20
Copy Charge \$1.39 Per Page, Pages 1-20	20	\$1.39	\$27.80
Shipping	1	\$8.25	\$8.25
Sales Tax	1	\$18.22	\$18.22
Pages as per Request:	538	Fee Quote as per Request:	\$ 278.61
Notes:			

The requested medical information will be provided after payment in full is received. Please make payment within 20 days of the first notice to avoid cancellation of your request. If the patient authorization has expired by the time payment is received, a new authorization will be required. Please note that it may take up to 15 business days from the date your request is received for your request to be processed. If you have any questions regarding this notice, please contact Customer Relations at 866-420-7455.

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May 24, 2012

Tom Genevro  
V.P. Human Resources / HIPAA Compliance  
Butler Memorial Hospital  
One Hospital Way  
Butler, PA 16001

Re: Patient:  
Date of Birth:  
Address:

Dear Mr. Genevro:

Please be advised that this office represents \_\_\_\_\_, deceased, who was treated at your hospital from April 9, 2012 through April 15, 2012. We were retained by Mr. \_\_\_\_\_ son and personal representative to investigate a potential claim for damages arising out of an incident not occurring at Butler Memorial Hospital. An estate has not yet been opened.

By letter dated May 16, 2012, we requested Butler Memorial Hospital send us, in an electronic format, a complete copy of its electronic health record of \_\_\_\_\_ treatment during his admission in April 2012. A copy of that letter and the attached authorization signed by \_\_\_\_\_ son is enclosed. The letter identified the HITECH Act, 42 U.S.C.A. §17935(e) and 45 C.F.R. §164.524(c)(4)(2002) as the basis for providing us the electronic health record, in an electronic format, for a fee that does not exceed the cost of labor necessary to respond to the request.

In response to our letter, we received a prepay notice from IOD, a copy of which is attached. The prepay notice identified per page copying charges of approximately \$278.00 for 538 pages of the requested medical record. We contacted your medical records department at Butler Memorial Hospital to determine why the prepay notice identified charges for 538 pages in a hard copy when in fact we requested the electronic record in an electronic format. We were advised that although Butler Memorial Hospital has instituted an electronic medical management system and can produce the record in an electronic format (i.e. on a CD), the hospital will produce the electronic record at a reduced fee, albeit exceeding the reasonable cost of labor necessary to respond to the request, only to the individual patient or his representative.

May 24, 2012  
(Page 2 of 2)

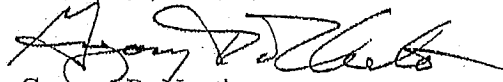
Please note that the regulations implementing the HITECH Act permit the disclosure of protected health information pursuant to and in compliance with a valid authorization such as we provided with our letter of May 16, 2012. *See* 45 C.F.R. §154.502(a)(1)(iv). When a covered entity receives a valid authorization for disclosure of protected health information, the disclosure must be consistent with such authorization. §164.508(a).

For purposes of the HITECH Act, the term "disclosure" is defined as "the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information. 45 C.F.R. § 160.103 (emphasis added). Thus, the section of the regulations titled "[a]ccess of individuals to protected health information" and specifically the fee provisions at 45 C.F.R. §164.524(c)(4) apply equally to both an attorney's request for disclosure of protected health care information pursuant to a valid authorization and a request made directly from the patient or his personal representative.

We understand that Butler Medical Center contracted with a third-party service for the production of medical records. We believe the arbitrary fees imposed by IOD to produce the electronic medical record directly to the patient, his representative, or his attorney pursuant to valid authorization, are in excess of the cost of labor necessary to produce the such record in an electronic format. As such, we believe the charges are in violation of federal law as enforced by the Department of Health and Human Services, Office for Civil Rights.

We merely wish to examine the electronic medical record pertaining to April 2012 admission on a CD and at a cost consistent with the HITECH Act. I would appreciate if you could contact me to discuss this matter as soon as possible. Your attention to this matter is appreciated.

Very truly yours,



Gregory R. Unatin

GRU/cac  
Enclosures



# BUTLER MEMORIAL HOSPITAL

Paula L. Hooper  
Vice President & General Counsel  
724-284-4768 (Phone)  
724-284-4734 (Fax)

June 6, 2012

Gregory R. Unatin, Esquire  
Meyers Evans & Associates, LLC  
707 Grant Street  
Suite 3200  
Pittsburgh, PA 15219

Re:

Dear Mr. Unatin:

Your correspondence of May 24, 2012 has been forwarded to my attention. I will investigate this matter and respond shortly. Please direct any additional correspondence on this matter to my attention.

Sincerely,

Paula L. Hooper  
Vice President & General Counsel

PLH/sw  
Enclosure

# INVOICE

Invoice #: 20721311

Inv. Date: 6/12/2012

Due Date: 6/22/2012

Terms: Net 10

MEYERS EVANS & ASSOCIATES  
 VIOLET POLLICE  
 707 GRANT ST  
 STE 3200  
 PITTSBURGH, PA 15219

Patient:  
 Account #: 2790204  
 Claim/File #: 0690

Shipping Address:  
 707 GRANT ST  
 STE 3200  
 PITTSBURGH, PA 15219

Facility: BUTLER MEMORIAL HOSPITAL

Description	Quantity	Unit Price	Extension
* Note: Hard Copy Page Count: 538	538	\$0.00	\$0.00
Basic Fee \$5.00	1	\$5.00	\$5.00
Copy Charge \$0.07 Per Page, Pages 1+	538	\$0.07	\$37.66

Product Total:	\$ 42.66	
Postage:	\$ 8.25	
State Tax:		6.00%
City/local Tax:		1.00%
Sales Tax:	\$ 3.56	(7.00%)
Grand Total:	\$ 54.47	
Credits/Payments:	\$ 0.00	
<b>Amount Due:</b>	<b>\$ 54.47</b>	

**Please Note:** This information has been disclosed to you from records that may be protected by state and federal confidentiality rules (42 CFR, part 2). The federal rules prohibit you from making any further disclosure of protected information unless further disclosure is expressly permitted by written consent of the person to whom it pertains, or is otherwise permitted by 42 CFR, part 2.

**Payment Options:**

- Use your credit card online at [payportal.lodincorporated.com](http://payportal.lodincorporated.com)
- Use your credit card by phone at 866-420-7455 Option 1
- By mail; please include the payment sheet (page 2) with your check to ensure that your payment is properly applied

*lod Incorporated TaxID No. 65-0766287  
 PO Box 19072, Green Bay WI, 54307-9072  
 Phone: 866-420-7455 Option 1 \* Fax: 920-406-6537*