DECLARATION OF CUSTODIAN OF RECORDS

Name of patients:

I declare as follows:

(Name of patient)

I am employed by and am the duly authorized custodian records and am authorized to certify records for:

(Name of facility)

I certify that the accompanying records are true and complete copies of records maintained in the regular course and scope of business of my employer and were prepared by authorized personnel at or near the time of the acts, conditions or events which they intend to convey. No documents, records or other materials have been withheld except as noted below.

I certify that I have made a diligent, thorough and complete search of all available sources including the computer databases for both open and closed files and for all types of treatment and for all types of litigation whether in a storage facilities or any other location under the control of my employer for any and all items to be produced on the attached subpoena duces tecum or authorization for the patient named above.

I certify:

- That all records described in the subpoena duces tecum except the results of any HIV test were produced.
- ☐ That all records described in the subpoena duces tecum except any records which may be protected by California Welfare and Institutions Code section 5328 or 42 C.F.R. section 2.61 et seq. were produced
- That no records were produce because no records were found for the individual named on the subpoena duces tecum.
- That all records described in the subpoena duces tecum except the following records which are not in the possession of this facility:

Records were produced in the following manner:

- Records were made available to Med-Legal Photocopy Service for coping
- Records were delivered to Med-Legal Photocopy Service
 - Records were mailed to the deposition officer at the address on the subpoena duces tecum in compliance with Evidence Code section 1560(c)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Executed on

Signature of Custodian

WCAB. No.

Case Number

Control Number

Declaration of Itemized Statement of Costs

Records of:

(Name of individual named on the subpoena duces tecum)

Fees may be charged under A or B but not both.

Witness fee of \$15.00 paid.			
Receipt of third party for cost	s of retrieval	from offsite s	torage company is attached
Amount paid:		from offsite s	torage company is attached.
	subpoena shall turn of records	not exceed fifted held offsite by th	
Itemized Statement of Costs			
California Evidence Code Section 1563(b) state	es:		
the records available to be billed at the maximum	s of a size 8 1/2 ne reproduction response to a su m rate of sixteer actual postage of	by 14 inches or of oversize docu bpoena; reasonal dollars (\$24) pe charges; and actu	less; twenty cents (\$0.20) per page for copying
(2) The requesting party shall not be required to available for delivery pursuant to the subpoena, simultaneous with actual delivery of the subpoend deliver the records.	but the witness	may demand pay	yment of costs pursuant to this section
(3) The witness shall submit an itemized statemet clerical costs incurred by the witness. Upon den forth the actions taken by the witness in justifica	and by the requ	esting party, the	
Clerical costs for retrieval of record:			
Name of person retrieving records: Date of service: Time start / time end			Clerical costs
Charge by third party for retrieval of rec Name of person retrieving records: Date of service: Receipt must be attached	cords offsite:		
Custodian reproduction costs:	pages	cost	
Standard sized pages @ \$.10 per page: Mircofilm pages copied @ \$.20 per page: Oversized pages @ actual costs			_
			Page charges
			TOTAL CHARGES
declare under penalty of perjury under the und correct:	e laws of the S	State of Califo	ornia that the foregoing is true
Executed on			
		,	
WCAB. No.		Signature	e of Custodian
Case Number		Signature	Control Number