



Recupera Records
185 Great Neck Rd
Great Neck, NY 11021
Tel: (212) 213-6659

FACSIMILE TRANSMITTAL SHEET

TO: Records Custodian	FROM:
COMPANY: Absolute Care Physical Therapy	DATE: September 12th, 2025
PHONE NUMBER: 212-684-6699	RECORDS OF: TIFFANNY BENNETT
FAX NUMBER: 212-684-1886	SENDER REFERENCE NUMBER: 155

RE:

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Thank You,
Recupera Records
Great Neck, NY 11021
Phone: (212) 213-6659
Fax: (212) 213-1715



Absolute Care Physical Therapy
19 East 37th Street
New York, NY 10016

Recupera #: 155



CERTIFICATION OF SATISFACTORY ASSURANCE

Pursuant to 45 C.F.R. §16a.512(e)(1)

PATIENT: TIFFANNY BENNETT

DOB: 06/03/1997

As required by the Standards for Privacy of Individually Identifiable Health Information ("Privacy Act") promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), this certification provides satisfactory assurances that appropriate steps have been taken to notify and/or otherwise protect the privacy of the individual who is the subject of the protected health information that is being requested.



(X) **Notice**

In compliance with 45 C.F.R. §16a.512(e)(1), I hereby certify, that I have made a good faith attempt to provide written notice to TIFFANNY BENNETT the individual, or if the individual's location is unknown, to make a notice to the individual's last known address or legal representation.

Name: _____
Street Address: _____
City, State, ZipCode: _____

A copy of such notice is attached to this Certification

I further certify that the notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit the individual to raise and objection to the court or administrative tribunal. I further certify that the time for the individual to raise objections to the court or administrative tribunal has elapsed and either: (1) no objections were filed; or (2) all objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

_____ Qualified Protective Order

In compliance with 45 C.F.R. §16a.512(e)(1), I hereby certify that the parties to the dispute giving rise to this request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute. A copy of the qualified protective order, or my request for such order, is attached hereto.



Joseph Perri
Name

September 12th, 2025
Date

/s/ Joseph Perri
Signature

Perri Law LLP
Company

Recupera # 155

**IN THE CIRCUIT COURT OF THE
JUDICIAL CIRCUIT IN AND FOR , Florida
CIVIL DIVISION**

<<Plaintiffs>>

Plaintiff(s)

v.

<<Defendants>>

Defendant(s)

Case No.: 2024-CV-031225

SUBPOENA DUCES TECUM WITHOUT DEPOSITION

To: RECORDS CUSTODIAN
Absolute Care Physical Therapy
19 East 37th Street
New York, NY 10016

YOU ARE HEREBY COMMANDED to produce the following records for inspection and copying **within fifteen (15) days of your receipt** of this subpoena, by mailing, faxing, or securely delivering them to in electronic format on CD or via E-Mail to Records@recuperars.com.

RECORDS OF TIFFANNY BENNETT

PLEASE PROVIDE A FULL AND COMPLETE FILM BREAKDOWN (FORM ATTACHED) OF ALL FILMS OF ANY TYPE (MRI, CT, X-RAY, ULTRASOUND, ETC.) PRIOR TO DUPLICATION AND ORDER. ALL RECORDS SHOULD BE ALL INCLUSIVE AND SHOULD IN NO WAY BE LIMITED TO ONE INCIDENT.

ANY AND ALL WRITTEN AND ELECTRONIC DOCUMENTS, CORRESPONDENCE, RECORDS AND ITEMIZED STATEMENTS OF CHARGES, INCLUDING BUT NOT LIMITED TO: ALL OFFICE, EMERGENCY ROOM, IN-PATIENT AND OUT-PATIENT CHARTS AND RECORDS, DOCTORS' AND NURSES' NOTES, PAYMENT HISTORY, COPIES OF FILMS, RADIOLOGICAL REPORTS, MRI FILMS, CT SCANS, COLORED INTRA-OPERATIVE PHOTOGRAPHS, INSURANCE DOCUMENTS, INITIAL PATIENT QUESTIONNAIRE, SIGN IN SHEETS, ELECTRONIC RECORDS, ALL PHARMACY RECORDS, ALL DIAGNOSTIC FILMS AND REPORTS, ALL DESCRIPTIONS OF

EXERCISES PRESCRIBED, ALL PHYSICAL THERAPY RECORDS, DOCUMENTATION WHICH INDICATE DATE AND TIME OF PATIENT'S APPOINTMENTS REGARDLESS OF TREATMENT DATE, ANY AND ALL REPORTS OR CORRESPONDENCE INCLUDING BUT NOT LIMITED TO OTHER PHYSICIANS OR OTHER HOSPITALS IN YOUR FILE, INCLUDING CD ROM, TAPE DRIVE, FLOPPY DRIVE, HARD DRIVE, SCANNED DOCUMENTS, AND ALL OTHER DOCUMENTS STORED ELECTRONICALLY OR DIGITALLY. INCLUDE PHYSICIAN'S CURRICULUM VITAE, AND EVERY WRITTEN PIECE OF PAPER INCLUDED WITHIN THE PATIENTS CHART, INCLUDING A COPY OF ANY NOTATIONS ON THE FILE JACKET.

SEND ELECTRONIC RECORDS AND INVOICE TO: RECORDS@RECUPERARS.COM
OR CD OF RECORDS TO:

Recupera Records
185 Great Neck Rd
Great Neck, NY 11021
Phone: (212) 213-6659
Fax: (212) 213-1715
Email: records@recuperars.com

FAILURE TO COMPLY WITH THIS SUBPOENA MAY SUBJECT YOU TO SANCTIONS, INCLUDING CONTEMPT OF COURT, AS PROVIDED BY FLORIDA LAW. IF YOU FAIL TO PRODUCE THE REQUESTED RECORDS OR FILE A TIMELY WRITTEN OBJECTION, THE COURT MAY COMPEL COMPLIANCE OR IMPOSE PENALTIES. CONSULT WITH LEGAL COUNSEL IF YOU HAVE QUESTIONS REGARDING YOUR OBLIGATIONS.

HIPPA NOTICE AND COMPLIANCE

THIS SUBPOENA HAS BEEN ISSUED IN COMPLIANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA), 45 C.F.R. §164.512(E), WHICH PERMITS THE DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI) IN RESPONSE TO A VALID SUBPOENA THAT:

1. LIMITS THE SCOPE OF RECORDS REQUESTED TO WHAT IS RELEVANT AND MATERIAL TO A PENDING LEGAL MATTER.
2. INCLUDES GOOD FAITH ATTEMPTS TO PROVIDE WRITTEN NOTICE TO THE ABOVE-NAMED PATIENT THAT HIS/HER PROTECTED HEALTH INFORMATION HAS BEEN SUBPOENAED; AND
3. IS ISSUED THROUGH LAWFUL PROCESS (E.G., A COURT OR ATTORNEY-AUTHORIZED SUBPOENA), AND THE TIME FOR THE PATIENT OR THEIR REPRESENTATIVE TO FILE OBJECTIONS WITH THE COURT HAS ELAPSED.
 - a. NO OBJECTIONS WERE FILED, AND THE DISCLOSURE OF RECORDS IS PERMITTED UNDER LAW

- b. ALL OBJECTIONS FILED WERE HEARD AND RESOLVED BY THE COURT, AND THE REQUESTED DISCLOSURE WAS DETERMINED TO BE REASONABLE AND APPROPRIATE.

Dated this 12th of September, 2025

	/s/ Joseph Perri
	<<StateBarNumber>>
	Perri Law LLP
	7 Thrush Dr

Please do not respond to Perri Law LLP. Please direct any questions or responses to Recupera Record Services, Inc. 185 Great Neck Rd Great Neck, NY 11021; Phone No.: (212) 213-6659; Fax No.: (212) 213-1715; E-Mail: records@recuperars.com. Thank you.

Name of person(s) or specific identification of the class of persons to receive the requested PHI:
Name or other specific identification of the person or class of person from whom you are requesting the use or disclosure
<p>Absolute Care Physical Therapy 19 East 37th Street New York, NY 10016</p> <p>212-684-6699</p>
Description of the specific PHI requested, including names of individuals if practical, or a description of the class of individuals who's protected information you are requesting
<p>Patient Name: TIFFANNY BENNETT Date of Birth: 06/03/1997</p> <p>All records per the attached subpoena duces tecum.</p>

This certification is made pursuant to 45 C.F.R. §164.502(a)(5)(iii) and 42 U.S.C. §1320d-6.

FILM REQUEST

Recupera No.: 155

To: RECORDS CUSTODIAN
Absolute Care Physical Therapy
19 East 37th Street
New York, NY 10016

RECORDS/FILMS OF: TIFFANNY BENNETT

Your Tax Id No.: _____ (Necessary to issue check)

Please provide a quote as to what the cost of the reproduction of the films and/or disc reflected thereon would be. A complete breakdown is required prior to approval of duplication. If your office does not have radiology exams in your possession, please fill out the below accordingly.

_____ No radiology exams done

_____ No radiology exams due to being destroyed after _____ years.

_____ No radiology exams in the office, but can be obtained from:

_____ We have x-rays, MRIs, video fluoroscopes, CT scans and/or studies, films/disc, listed below.

Please complete the form and fax or mail to the address below prior to the compliance date specified on the Subpoena.

Film Date	View/Description	No. of Films	Duplicating Costs

Total Cost: _____

CUSTODIAN NAME (PLEASE PRINT)

DEPARTMENT

SIGNATURE OF CUSTODIAN

DATE

SEND RECORDS AND INVOICE TO:

RECORDS@RECUPERARS.COM

OR

185 Great Neck Rd Great Neck, NY 11021

Telephone # (212) 213-6659 - Fax # (212) 213-1715

Recupera # 155

<<Plaintiffs>>

Plaintiff(s)

v.

Case No.: 2024-CV-031225

<<Defendants>>

Defendant(s)

ADDENDUM TO SUBPOENA

To: RECORDS CUSTODIAN
Absolute Care Physical Therapy
19 East 37th Street
New York, NY 10016

*****ATTENTION*****

DO NOT FILE WITH COURT

Due to privacy issues, the Social Security Number was not included in the subpoena but the information is as follows:

Plaintiff: TIFFANNY BENNETT
SSN: XXX-XX-6789
Date of Birth: 06/03/1997

Recupera # 155

**IN THE CIRCUIT COURT OF THE
JUDICIAL CIRCUIT IN AND FOR , Florida
CIVIL DIVISION**

<<Plaintiffs>>

Plaintiff(s)

v.

<<Defendants>>

Defendant(s)

Case No.: 2024-CV-031225

CERTIFICATE OF NON-OBJECTION

I HEREBY CERTIFY that no objection to production under Florida Rules of Civil Procedure Rule 1.351 that no objection was received within ten (10) days from the date of service of their Notice if by delivery/fax/email or fifteen (15) days from the date of service if service is by mail, given to every other party of the of the action entitled to receive such notice prior to service of the subpoena upon the records custodian.

Records Custodian
1199 SEIU Funds
498 Seventh Avenue
New York, NY 10018

Records Custodian
Absolute Care Physical Therapy
19 East 37th Street
New York, NY 10016

CERTIFICATE OF SERVICE

I HEREBY CERIFY that a true and correct copy of the above and foregoing was furnished in accordance with the Florida Rule of Judicial Administration 2.516, to <<Plaintiff.Attorney>>

By:	/s/ Joseph Perri
	Joseph Perri

Recupera # 155

**IN THE CIRCUIT COURT OF THE
JUDICIAL CIRCUIT IN AND FOR , Florida
CIVIL DIVISION**

<<Plaintiffs>>

Plaintiff(s)

v.

<<Defendants>>

Defendant(s)

Case No.: 2024-CV-031225

NOTICE OF PRODUCTION FROM NON-PARTY

To all parties of record:

YOU ARE NOTIFIED that after 10 days from the date of service of this notice, if service is by delivery, or 15 days from the date of service, if service is by mail, and if no objection is received from any party, the undersigned will issue or apply to the clerk of this court for issuance of the attached subpoena directed to the following, who are not parties, to produce the items listed at the time and place specified in the subpoena.

Records Custodian
1199 SEIU Funds
498 Seventh Avenue
New York, NY 10018

Records Custodian
Absolute Care Physical Therapy
19 East 37th Street
New York, NY 10016