



Recupera Record Retrieval Services LLC

185 Great Neck Rd  
Suite 403

Great Neck, NY 11021

Tel: (212) 580-1191

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**FACSIMILE TRANSMITTAL SHEET**

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TO: Records Custodian	FROM: Recupera Record Retrieval Services
COMPANY: 1 Source Chiropractic and Physical Medicine Center	DATE: February 28th, 2026
PHONE NUMBER: 813) 448-2222	RECORDS OF: Oprah Winfrey
FAX NUMBER: (813) 948-7111	SENDER REFERENCE NUMBER: 6381

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**RE:**

**Requesting Medical, Billing and Films  
Records for dates of service indicated  
in attached.**

**\*\*\*Rush Case Please Expedite\*\*\***

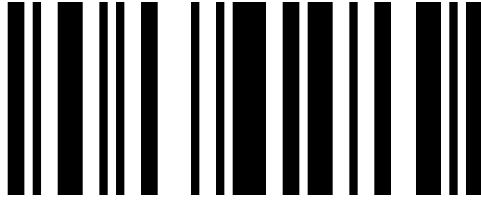
Thank You,

Recupera Record Retrieval Services LLC

Great Neck, NY 11021

Phone: (212) 580-1191

Fax: (212) 213-1715



1 Source Chiropractic and Physical Medicine Center  
19409 Shumard Oak Drive, Suite 102  
Land O Lakes, FL 34638

Recupera #: 6381

Recupera Record Retrieval Services  
185 Great Neck Road Suite 403  
Great Neck, NY 11021  
Phone: (212) 580-1191 / Fax: (212) 213-1715  
Email: Records@recuperars.com

ATTN: Custodian of Records:

1 Source Chiropractic and Physical Medicine Center  
19409 Shumard Oak Drive, Suite 102  
Land O Lakes, FL 34638

Please Find Enclosed a request for records of:

**PATIENT: Oprah Winfrey**  
**DOB: 12/26/1965**  
**SSN: XXX-XX-1983**

On behalf of Perri Law LLP, Recupera is a third party records retrieval company that is handling the retrieval of records for this matter involving the above mentioned patient. Please direct any questions or concerns to Recupera. Any prepayment invoices or film breakdowns need to be sent to Recupera. Attached is a signed authorization provided to us from our client, Perri Law LLP, in order to obtain the following requested records per the authorization attached.

**If copy costs exceed \$500.00 please contact Recupera Record Retrieval Services LLC for approval prior to sending records.**

**RUSH CASE - PLEASE EXPIDITE**  
**PLEASE SEND RECORDS IMMEDIATELY**

We need these records and legal documents returned BEFORE: As soon as possible

<input checked="" type="checkbox"/> Subpoena	<input type="checkbox"/> Cross Questions
<input type="checkbox"/> Written Questions	<input type="checkbox"/> Affidavit of No Record
<input type="checkbox"/> Affidavit	<input type="checkbox"/> Authorization

Contact: Records Retrieval Department

Recupera Oder Number: 6381



**CERTIFICATION OF SATISFACTORY ASSURANCE**

Pursuant to 45 C.F.R. §16a.512(e)(1)

PATIENT: Oprah Winfrey

DOB: 12/26/1965

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.

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(X) **Notice**

In compliance with 45 C.F.R. § 164.512(e)(1), I hereby certify, that I have made a good faith attempt to provide written notice to Oprah Winfrey 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: Gina Rinehart  
Street Address: 99 Harborview Lane, Unit 5C  
City, State, ZipCode: Brooklyn, NY 11201

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.

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**Julia Flesher Koch & family**

Name

February 28th, 2026

Date

**/s/ Julia Flesher Koch & family**

Signature

Perri Law LLP

Company

Recupera # 6381

**HILLSBOROUGH COUNTY COURT  
CIVIL DIVISION**

Hernandez, Sofia  
Plaintiff(s)

Case No.: 2025-CV-055410

v.

Harborview Nursing Center, LLC  
Defendant(s)

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**SUBPOENA DUCES TECUM WITHOUT DEPOSITION**

To: RECORDS CUSTODIAN  
1 Source Chiropractic and Physical Medicine Center  
19409 Shumard Oak Drive, Suite 102  
Land O Lakes, FL 34638

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 Oprah Winfrey

ALL BILLING RECORDS, INCLUDING ALL BILLING LEDGERS, AND ALL STATEMENTS REFLECTING PAYMENTS AND ADJUSTMENTS MADE BY OR ON BEHALF OF PATIENT. INCLUDE ANY AND ALL HCFA/CMS-1500 BILLING FORMS AND/OR UB-92/UB-04 FORMS, BILLING R&N, AND BILLING HB 4 FORMS, ALL CPT OR PROCEDURE CODES, HCPCS CODES, ICD-9 CODES, ICD-10 CODES AND ANY AND ALL "E" CODES ASSOCIATED WITH THE PRIMARY DOCTOR, AS WELL AS ANY AND ALL LETTERS OF PROTECTION YOU HAVE RECEIVED AS IT PERTAINS TO THE ABOVE-NAMED INDIVIDUAL.

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 Record Retrieval Services LLC  
185 Great Neck Rd  
Suite 403  
Great Neck, NY 11021  
Phone: (212) 580-1191  
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 28th of February, 2026

*/s / Sharon C. Britton*  
**WILLIAM G.K. SMOAK**  
Florida Bar No.: 645028

**Julia Flesher Koch & family**  
Perri Law LLP  
7 Thrush Dr  
Smithtown, NY 11787

**Please do not respond to Perri Law LLP. Please direct any questions or responses to Recupera Record Services, Inc. 185 Great Neck Rd Suite 403 Great Neck, NY 11021; Phone No.: (212) 580-1191; Fax No.: (212) 213-1715; E-Mail: records@recuperars.com. Thank you.**

**Attestation Regarding a Requested Use or Disclosure of Protected Health Information Potentially Related to Reproductive Health Care**

Name of person(s) or specific identification of the class of persons to receive the requested PHI:
Recupera Record Retrieval Services LLC, on behalf of Perri Law LLP
Name or other specific identification of the person or class of person from whom you are requesting the use or disclosure
1 Source Chiropractic and Physical Medicine Center 19409 Shumard Oak Drive, Suite 102 Land O Lakes, FL 34638  813) 448-2222
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
Patient Name: Oprah Winfrey Date of Birth: 12/26/1965  All records per the attached subpoena duces tecum.

I attest that the use or disclosure of PHI that I am requesting is not for a purpose prohibited by the HIPAA Privacy Rule at 45 CFR 164.502(a)(5)(iii) because of one of the following (check one box):

(X) The purpose of the use or disclosure of protected health information is not to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care or to identify any person for such purposes.

The purpose of the use or disclosure of protected health information is to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for such purposes, but the reproductive health care at issue was not lawful under the circumstances in which it was provided.

I understand that I may be subject to criminal penalties pursuant to 42 U.S.C. 1320d-6 if I knowingly and in violation of HIPAA obtain individually identifiable health information relating to an individual or disclose individually identifiable health information to another person.

*Signature of the person requesting the PHI*

**FILM REQUEST**

Recupera No.: 6381

To: RECORDS CUSTODIAN  
1 Source Chiropractic and Physical Medicine Center  
19409 Shumard Oak Drive, Suite 102  
Land O Lakes, FL 34638

RECORDS/FILMS OF: Oprah Winfrey

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.

<b>Film Date</b>	<b>View/Description</b>	<b>No. of Films</b>	<b>Duplicating Costs</b>

Total Cost: \_\_\_\_\_

\_\_\_\_\_  
**CUSTODIAN NAME (PLEASE PRINT)**

\_\_\_\_\_  
**DEPARTMENT**

\_\_\_\_\_  
**SIGNATURE OF CUSTODIAN**

\_\_\_\_\_  
**DATE**

**SEND RECORDS AND INVOICE TO:**

**RECORDS@RECUPERARS.COM**

**OR**

**185 Great Neck Rd**

**Suite 403 Great Neck, NY 11021**

**Telephone # (212) 580-1191 - Fax # (212) 213-1715**

Recupera # 6381

**HILLSBOROUGH COUNTY COURT  
CIVIL DIVISION**

Hernandez, Sofia  
Plaintiff(s)

Case No.: 2025-CV-055410

v.

Harborview Nursing Center, LLC  
Defendant(s)

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**ADDENDUM TO SUBPOENA**

To: RECORDS CUSTODIAN  
1 Source Chiropractic and Physical Medicine Center  
19409 Shumard Oak Drive, Suite 102  
Land O Lakes, FL 34638

**\*\*\*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: Oprah Winfrey  
SSN: XXX-XX-1983  
Date of Birth: 12/26/1965

*/s / Sharon C. Britton*  
**WILLIAM G.K. SMOAK**  
Florida Bar No.: 645028

**Julia Flesher Koch & family**  
Perri Law LLP  
7 Thrush Dr  
Smithtown, NY 11787

Recupera # 6381

**HILLSBOROUGH COUNTY COURT  
CIVIL DIVISION**

Hernandez, Sofia  
Plaintiff(s)

Case No.: 2025-CV-055410

v.  
Harborview Nursing Center, LLC  
Defendant(s)

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**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.

1 Source Chiropractic and Physical Medicine Center  
19409 Shumard Oak Drive, Suite 102  
Land O Lakes, FL 34638  
Medical, Billing and Films

1 Health & Wellness, Inc.  
1931 W. MLK Jr Blvd. Suite D  
Tampa, FL 33607  
Insurance

**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 Gina Rinehart

*/s / Sharon C. Britton*

**WILLIAM G.K. SMOAK**

Florida Bar No.: 645028

**Julia Flesher Koch & family**

Perri Law LLP

7 Thrush Dr

Smithtown, NY 11787

Recupera # 6381

**HILLSBOROUGH COUNTY COURT  
CIVIL DIVISION**

Hernandez, Sofia  
Plaintiff(s)

Case No.: 2025-CV-055410

v.  
Harborview Nursing Center, LLC  
Defendant(s)

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**NOTICE OF PRODUCTION FROM NON-PARTY**

(Pursuant to Fla. R. Civ. P. 1.351)

To all parties of record:

YOU ARE NOTIFIED that the undersigned intends to issue or apply to the clerk of this court for issuance of the attached proposed subpoena(s) duces tecum without deposition directed to the following, who are not parties, to produce the items listed at the time, place, and method specified in the subpoena(s):

1 Source Chiropractic and Physical Medicine Center  
19409 Shumard Oak Drive, Suite 102  
Land O Lakes, FL 34638  
Medical, Billing and Films

1 Health & Wellness, Inc.  
1931 W. MLK Jr Blvd. Suite D  
Tampa, FL 33607  
Insurance

Pursuant to Fla. R. Civ. P. 1.351(b), the subpoena(s) may not be issued until 10 days after service of this notice by delivery or e-mail service (15 days after service by mail service) on every other party. If this notice is served with original process, the subpoena(s) shall not issue earlier than 45 days after service on the last-served party. If any party serves a written objection within the time allowed by Fla. R. Civ. P. 1.351(b), the documents or things shall not be produced pending resolution of the objection in accordance with Fla. R. Civ. P. 1.351(d).

DATED this 28th of February, 2026.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing Notice of Production from Non-Party (with attached proposed subpoena(s)) was served on all parties/counsel of record on this 28th of February, 2026 via the Florida Courts E-Filing Portal's e-service function or by other method permitted by Fla. R. Gen. Prac. & Jud. Admin. 2.516.

*/s / Sharon C. Britton*

**WILLIAM G.K. SMOAK**

Florida Bar No.: 645028

**Julia Flesher Koch & family**

Perri Law LLP

7 Thrush Dr

Smithtown, NY 11787