



Recupera Record Retrieval Services LLC

185 Great Neck Rd
Suite 403

Great Neck, NY 11021

Tel: (212) 580-1191

FACSIMILE TRANSMITTAL SHEET

TO: Records Custodian	FROM: Recupera Record Retrieval Services
COMPANY: Suzanne Wachtel LCSW	DATE: March 2nd, 2026
PHONE NUMBER:	RECORDS OF: John Smith
FAX NUMBER:	SENDER REFERENCE NUMBER: 7412

RE:

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

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

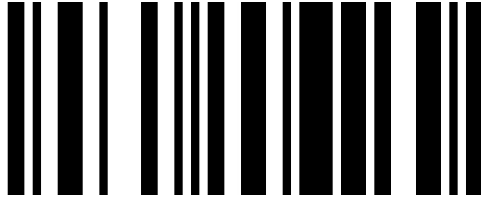
Thank You,

Recupera Record Retrieval Services LLC

Great Neck, NY 11021

Phone: (212) 580-1191

Fax: (212) 213-1715



Suzanne Wachtel LCSW
2408 SW 23rd Cranbrook Drive
Boynton Beach, FL 33436

Recupera #: 7412

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:

Suzanne Wachtel LCSW
2408 SW 23rd Cranbrook Drive
Boynton Beach, FL 33436

Please Find Enclosed a request for records of:

PATIENT: John Smith
DOB: 12/25/1963
SSN: 987-65-1234

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 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 checked="" type="checkbox"/> Authorization

Contact: Records Retrieval Department

Recupera Oder Number: 7412

RECUPERA

Record Retrieval Services

(212) 580-1191



info@recuperars.com



40 Wall Street, Suite 2855
New York, NY 10005



March 2nd, 2026

To Whom It May Concern:

Please allow this correspondence to confirm that Perri Law LLP utilizes the services of **Recupera Record Services** to process authorizations on our behalf to obtain records indicated on the attached authorization.

Kindly honor the authorization releasing information to **Recupera Record Services** as if it were our office requesting the records.

PLEASE SEND ALL REQUESTS FOR PAYMENTS AND THE RECORDS TO:

**Recupera Record Services
Medical Records Retrieval
185 Great Neck Rd
Suite 403
Great Neck, NY 11021**

If you have any questions regarding this matter, please feel free to contact our office. Thank you for your courtesy and cooperation.

Very Truly Yours,

/s/ Dieter Schwarz

Dieter Schwarz

Perri Law LLP

7 Thrush Dr

Smithtown, NY 11787



CERTIFICATION OF SATISFACTORY ASSURANCE

Pursuant to 45 C.F.R. §16a.512(e)(1)

PATIENT: John Smith

DOB: 12/25/1963

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.

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 John Smith 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.

Dieter Schwarz

Name

March 2nd, 2026

Date

/s/ Dieter Schwarz

Signature

Perri Law LLP

Company