



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

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**FACSIMILE TRANSMITTAL SHEET**

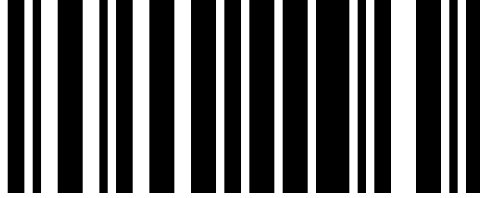
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TO: Records Custodian	FROM:
COMPANY: Family Medicine at Smithtown, Northwell Health	DATE: December 5th, 2025
PHONE NUMBER: (631) 724-1331	RECORDS OF: Maria R. Lopez
FAX NUMBER: (631) 360-5646	SENDER REFERENCE NUMBER: 1223

RE:

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



Family Medicine at Smithtown, Northwell Health  
9 brookside dr

Smithtown, NY 11787

Recupera #: 1223



# Printer Information Report

Model Name: HP DeskJet 2800e All-in-One Printer series  
Bonjour Name: HP DeskJet 2800 series [90493F]  
Quiet Mode: Off  
Automatic Firmware Update: Off  
Estimated Ink Levels. Actual ink levels may vary: K-Unknown, CMY-Unknown

Serial Number: VN578J21MR  
Firmware Version: TBP1CN2510AR  
Printer PIN: 12038309  
Web Services: Enabled



**This printer is not connected to a network.**

However, Wi-Fi is turned on.

For printed instructions on how to connect the printer to a Wi-Fi network, press and hold the Information\* button for 3 seconds.

To print additional network information, press the Wireless\* and Information\* buttons at the same time.



With Wi-Fi Direct, you can connect your computer, smartphone, or tablet directly to a printer wirelessly—without connecting to an existing Wi-Fi network.

**Wi-Fi Direct has been turned off.**

For instructions on how to connect to the printer using Wi-Fi Direct, press the Information\* and Resume\* buttons at the same time.

### Additional Assistance

- To print the Printer Status Report, press and hold the Cancel button\* for 3 seconds.
- The printer can automatically detect when one of three sizes of paper have been loaded: Letter, 5x7 in, 4x6 in. If you want to configure the printer to detect different sizes, use the HP Smart app or the printer's home page (<http://0.0.0.0>).

For more information, see the documentation provided with the printer.

### \*Icon Descriptions

Information

Wi-Fi

Copy

Cancel

Resume





# RECUPERA

## Record Retrieval Services

December 5th, 2025

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  
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,

/files/signatures/15/  
sig\_20251205\_230924.png  
Alan Dershowitz  
RI State Bar No.: 2316516  
Perri Law LLP  
7 Thrush Dr  
Smithtown, NY 11787

*/s / Sharon C. Britton*

**WILLIAM G.K. SMOAK**

Florida Bar No.: 645028



**CERTIFICATION OF SATISFACTORY ASSURANCE**

Pursuant to 45 C.F.R. §16a.512(e)(1)

PATIENT: Maria R. Lopez

DOB: 03/02/1990

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. §16a.512(e)(1), I hereby certify, that I have made a good faith attempt to provide written notice to Maria R. Lopez 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.

  (X)   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.

**Alan Dershowitz**  
Name

December 5th, 2025  
Date

**/s/ Alan Dershowitz**  
Signature

Perri Law LLP  
Company