



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

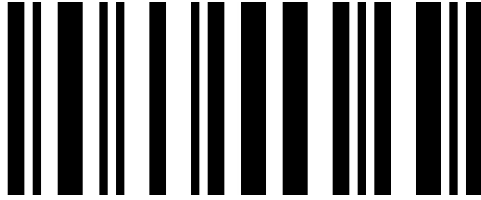
FACSIMILE TRANSMITTAL SHEET

TO: Records Custodian	FROM:
COMPANY: 1199 Healthcare Workers Union	DATE: January 29th, 2026
PHONE NUMBER: 646-473-8956	RECORDS OF: Doe Smith
FAX NUMBER: Records.Retention@1199Funds.org	SENDER REFERENCE NUMBER: 3312

RE:

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



1199 Healthcare Workers Union
330 West 42 Street
New York, NY 10036

Recupera #: 3312

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:
1199 Healthcare Workers Union
330 West 42 Street
New York, NY 10036

Please Find Enclosed a request for records of:

PATIENT: Doe Smith
DOB:
SSN:

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 WITHIN TEN DAYS

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: 3312



OFFICE VILLAS

RECEIPT

Scott Perri
7 Thrush Dr
Smithtown, New York 11787

Invoice Number
INV-07302

Invoice Total
1,130.00 USD

Office Villas LLC
185 Great Neck Rd, Suite 340
Great Neck, NY 11021

Total Paid: USD 1,130.00 USD

Date Paid: 09/05/2025

Date	Payment Method	Reference	Amount Paid
09/05/2025	Stripe Card	**** * 2575 (Visa)	1,130.00 USD
		Amount Due	0.00 USD

January 29th, 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
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/ Brian Kemp Test Change
Brian Kemp Test Change
Perri Law LLP
7 Thrush Dr
Smithtown, NY 11787



CERTIFICATION OF SATISFACTORY ASSURANCE

Pursuant to 45 C.F.R. §16a.512(e)(1)

PATIENT: Doe Smith

DOB:

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 Doe 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.

Brian Kemp Test Change

Name

January 29th, 2026

Date

/s/ Brian Kemp Test Change

Signature

Perri Law LLP

Company