



Recupera Record Retrieval Services LLC

185 Great Neck Rd

Great Neck, NY 11021

Tel: (212) 580-1191

FACSIMILE TRANSMITTAL SHEET

TO: Records Custodian	FROM: Recupera Record Retrieval Services
COMPANY: 110 Pharmacy	DATE: May 3rd, 2026
PHONE NUMBER: 631-421-5454	RECORDS OF: David Thompson
FAX NUMBER: 631-421-0437	SENDER REFERENCE NUMBER: 7469

RE:

**Requesting Audio 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



110 Pharmacy
459 Walt. Whitman Rd.
Melville, NY 11747

Recupera #: 7469

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:

110 Pharmacy
459 Walt. Whitman Rd.
Melville, NY 11747

Please Find Enclosed a request for records of:

PATIENT: David Thompson
DOB:
SSN:

On behalf of Recupera Law, 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, Recupera Law, 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: 7469

Instructions for the Use
of the HIPAA-compliant Authorization Form to
Release Health Information Needed for Litigation

This form is the product of a collaborative process between the New York State Office of Court Administration, representatives of the medical provider community in New York, and the bench and bar, designed to produce a standard official form that complies with the privacy requirements of the federal Health Insurance Portability and Accountability Act (“HIPAA”) and its implementing regulations, to be used to authorize the release of health information needed for litigation in New York State courts. It can, however, be used more broadly than this and be used before litigation has been commenced, or whenever counsel would find it useful.

The goal was to produce a standard HIPAA-compliant official form to obviate the current disputes which often take place as to whether health information requests made in the course of litigation meet the requirements of the HIPAA Privacy Rule. It should be noted, though, that the form is optional. This form may be filled out on line and downloaded to be signed by hand, or downloaded and filled out entirely on paper.

When filing out Item 11, which requests the date or event when the authorization will expire, the person filling out the form may designate an event such as “at the conclusion of my court case” or provide a specific date amount of time, such as “3 years from this date”.

If a patient seeks to authorize the release of his or her entire medical record, but only from a certain date, the first two boxes in section 9(a) should both be checked, and the relevant date inserted on the first line containing the first box.

RECUPERA

Record Retrieval Services

(212) 580-1191



info@recuperars.com



40 Wall Street, Suite 2855
New York, NY 10005



May 3rd, 2026

To Whom It May Concern:

Please allow this correspondence to confirm that Recupera Law 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 Retrieval Services LLC
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/ Bernard Arnault

Bernard Arnault

Recupera Law

185 Great Neck Rd
Great Neck, NY 11021



CERTIFICATION OF SATISFACTORY ASSURANCE

Pursuant to 45 C.F.R. §16a.512(e)(1)

PATIENT: David Thompson

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. § 164.512(e)(1), I hereby certify, that I have made a good faith attempt to provide written notice to David Thompson 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.

Bernard Arnault

Name

May 3rd, 2026

Date

/s/ Bernard Arnault

Signature

Recupera Law

Company