

## STATE OF FLORIDA DEPARTMENT OF HEALTH

## SUBPOENA DUCES TECUM

TO: MD
Medical Record Custodian

Case No. 2010-

SUBPOENA NO. A 006

YOU ARE HEREBY COMMANDED to produce for inspection and copying at 400 West Robinson Street, Suite 827 in Orlando, Florida on May 9, 2011 at 2:00 P .M., for the Department of Health the following:

The material requested is All electronic and/or paper medical records and reports for E.V.

S.G. S.V. M.S. M.S. M.H. A.Z. D.B. M.G.

J.C. J.E. M.H. & R.M.M. including but not limited to, patient histories, examination results, treatments, radiograph films or digital copy, laboratory, pathology and other test results, operative procedures, records of drugs prescribed, dispensed or administered, reports of consultations and hospitalizations, admission and discharge reports and billing records and payment records from 1/1/2007-through 11/30/2010.

The Department and the probable cause panel of the Board of Medicine have found that reasonable cause exists to believe that you have practiced your profession below that level of care, skill and treatment required, as defined by Chapter 456, Florida Statutes, and your professional practice act. Pursuant to Sections 456.057,(9)(a)1, Florida Statutes, the Department may obtain medical records without a patient release upon such a finding of reasonable cause. Pursuant to Sections 456.071 and 456.057(10), Florida Statutes, all patient records obtained by the Department are confidential and exempt from the provisions of Section 119.07, Florida Statutes. A copy of the affidavit for subpoena and application affidavit for patient records subpoena without release are attached. These records may be copied for use in other related investigations initiated as a result of our review/analysis of this incident.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), authorizes a covered entity to disclose protected health information without the written authorization of an individual, or without the opportunity for an individual to agree or object, when such disclosure is to a health oversight agency for oversight activities authorized by law. The Department of Health, Division of Medical Quality Assurance, is an agency of the State of Florida, authorized by Florida Statutes to oversee the healthcare system.

In lieu of producing these records for inspection and copying as described above, you may choose to comply with this subpoena by mailing a copy of these records to the below identified investigator with the attached verification fully executed by the above date. The Department will reimburse actual copying or reproduction costs, not to exceed the following limits: Hard copies at \$1.00 per written page for the first 25 pages and \$.25 per written page thereafter, X-Rays or other photographs or images at \$10.00 per x-ray or image; Electronic records from scanning, digital imaging, or other digital format at \$10.00 per filled CD Rom, DVD or other storage media.

YOU SHALL RESPOND to this subpoena as directed unless excused by the party who requested issuance of the subpoena or by order of the Department of Health.

Issued this

THIS SUBPOENA HAS BEEN ISSUED UPON THE REQUEST OF:

NAME: Medical Malpractice Investigator
ADDRESS: 400 West Robinson St., Suite S-827

Orlando, FL 32801

PHONE:

(407)

of April, 2011.

H. Frank Farmer, Jr., M.D., Ph.D., SEAL
State Surgeon General
Department of Health

By: American Manager

OFFICE ISSUANCE NO OF

INV FORM 354-B PC/STDOFCARE/SUBJ



H. Frank Farmer, Jr., M.D., Ph.D. State Surgeon General

## AFFIDAVIT FOR SUBPOENA

FIELD OF	FFICE	Orlando					CASE NUM	BER 2010-	
The D	epartment	is reviewing	g a report of a	closed civil claim fil	ed pursuant to S	Section 627.91	2, F.S.		
The D	epartment	is reviewing	g an incident re	eport filed by a hosp	ital or ambulato	ry surgical cer	nter pursuant to	Section 395.01	97, F.S.
The D	epartment uant to Seco	is reviewin tion, 429.2	g an incident : 3(8)F.S.	report filed by a nu	rsing home pure	suant to Section	on 400.147(12)	, F.S., or by an	assisted living facility
The D	epartment	is reviewin	g a report of c	discipline by a peer	review organiza	ation pursuant	to Section 395	5.0193, 458.337	or 459.016, F.S.
_X_The I	Department	t is initiating	g an investigati	ion, investigating a	complaint, or co	nducting a pre	liminary inqui	ry pursuant to Se	ection 456.073, F.S.
The De	partment is logic Perso	s initiating a	ın investigation	n, investigating a co	mplaint, or cond	ducting a preli	minary inquiry	pursuant to Sec	tion 468.3101(1), F.S.
The De	epartment i	s reviewing 06(2), P.S.	a report of a	pirth-related neurolo	gical injury file	d pursuant to s	section 766.305	, or a civil malp	ractice suit pursuant
This investig	statutory or	report/comp legal obliga	laint against or tion placed upor	involving a licensed physician	(k) Making decep	, MD alleges tive, untrue, or	Possible violation fraudulent repre	on of FS458.331.(1	)(k)(q)(t): (g)Failing to
II rz ac th	E. adiograph fi dministered arough 11/3	.H. .M.H. Ims or digita , reports of a 30/2010 this	A.Z.  al copy, laborate consultations and material is re	ory, pathology and of nd hospitalizations, ac quested from	IG.C. including but not ther test results, o dmission and disc	perative proced harge reports a	dures, records of and billing recor	ds and payment re	, dispensed or ecords from 1/1/2007- FL
2. T	his materia nsubstantia	al or informated.	ation is neces	sary to adequately r	review this matt	er, or to subst	antiate the alle	gations or show	them to be
3. T	ustodian of	Tecords	the recipient	of this subpoena w	ill be able to pr	-dimi	terial/informati	on requested be	cause recipient is the
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Signature of	Affiant		Low			Jab		0.7100	
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Before me, p			Rox	anne McCarthy	(type of ide	ntification) an	d who acknow	, whose identi- yledges that his/i	ty is known to me ner signature appears
Sworn to or Notary Publi		AM	efore me this _	day of _	, 20 11 .		Commission Expires January		
Type or Prin	t Name				My Commis	sion Expires			
This affical	MANA	reviewed a	to sufficiency	y and approved by	On				2011
		7			on on	ż			, 2011
				• •		<b>a</b>			
INV FORM	349 Revis	ed 09/08, 0	8/07, 9/05, 01	/05, 1/03, Created	7/0				



## **DOH Consumer Services**



Rick Scott Governor

State Surgeon General

	APPLICATION AFFIDAVIT FOR PATIENT RECORDS SUBPOENA WITHOUT PATIENT RELEASE Please Type
	SUBJECT OF COMPLAINT: CASE NO: 20101
	SUBJECT'S LICENSE NO: BOARD: Medicine
81	PATIENT RECORD(S) REQUESTED: All Medical Records for patients E.V.  M.S.  JV.H.  A.Z.  D.B.  G.C.  J.C.  J.C
	REASONABLE CAUSE STATEMENT: Possible violation of S.S. 458.331(q)(t) F.S. – Complainant alleges that Dr. is prescribed amounts of medication to Medicald population. Patients who were treated by Dr. paid for visits in cash. Attempts to obtaining patient releases included Accurint searches and were met with negative results.
	The undersigned requests that this matter be considered by the probable cause panel and the State Surgeon General or his/her designed for a determination as to whether reasonable cause exists to believe that:
	(X) the above referenced practitioner has excessively and/or inappropriately prescribed controlled substances as specified in Chapter 893 in violation of Chapter 456, Fiorida Statutes or of any professional practice act of a profession regulated under the Department.
	(X) the above referenced practitioner has practiced his/her profession below that level of care, skill and treatment required as defined by Chapter 456, Florida Statutes or of any professional practice act of a board regulated under the Department.
	the above practitioner has made fraudulent representations in the practice of his/her profession as specified by 456.057(9)(a)3.
	<ul> <li>the above practitioner has inappropriately prescribed, overprescribed, or diverted controlled substance and the offense involves a pain management clinic; the department need not attempt to obtain a patient release pursuant to 456.057(9)(a)1.</li> </ul>
	am a representative of the Department of Health and state that the reasonable cause statement
	and the supporting information is true and correct, to the best of my knowledge and belief.
	2011
	Signature of Affiant Date Requested
	STATE OF FLORIDA COUNTY OF Leon
	Before me, personally appeared whose identity is known to me by Person
60	and who, acknowledges that his/her signature appears above. (type of identification)
	Sworn to or affirmed by Affiant before me this / day of day of . 20 1.
	20/0
	Notary Public-State of Florida
	Type or Print Name . Commission # Expires
	This affidavit has been reviewed as to/sufficiency and approved by:
	on 5 20 //
	Signature of Investigation Manager/Supervisor
	REASONABLE CAUSE EXISTS
	A finding of reasonable cause was made by the Probable Cause Panel (PCP) of the Board of Medicine.
	on
	The attorney presenter at PCP was: (printed name) (signature)
	11 1-1
	/ The Department of Health hardby finds that responsible source exists
nk Fa	The Department of Health hereby finds that reasonable cause exists.  Ana M. Viamonte Roc. M.D., M.P.H., State Surgeon General  By Chief Attorney  Date signed:

Cypress Way, Bin C-75 • Tallahassee, FL Telephone Number (850) 245-4339 Visit us online at www.doh.state.fl.us