

In Re: Fosamax Litigation
Superior Court of New Jersey, Law Division, Atlantic County
Case No. 282

**AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL
RECORDS**

**In Compliance With the Health Insurance Portability and Accountability Act of 1996
(HIPAA)**

Name: _____

Date of Birth: _____

Social Security Number: _____

I hereby authorize _____ to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of **WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties")**. These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications, statements, eligibility material, claims or claim disputes, resolutions and payments,

Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

Any photostatic copy of this document shall have the same authority as the original, and may be substantiated in its place. Copies of these materials are to be provided at the expense of Waller Lansden Dortch & Davis, PLLC, counsel for Merck & Co., Inc. Copies of any records obtained will be provided, per agreement, to my legal counsel.

Date: _____

[*PLAINTIFF OR REPRESENTATIVE*]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

