IN RE TALC BASED POWDER PRODUCT LITIGATION

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: ATLANTIC COUNTY

CASE NO. 300
CIVIL ACTION

CASE MANAGEMENT ORDER #9

THIS MATTER having been brought before the Court with the purpose of establishing a process for identifying and selecting bellwether cases for trial in this Multicounty Litigation, with consent of counsel and for good cause shown,

IT IS on this 28th day of April 2021,

ORDERED that case selection and discovery shall proceed as follows:

STAGE 1 - Plaintiff Profile Forms.

1. The bellwether pool shall have two parts. **PART A** will be the first 175 cases filed through July 31, 2016 as set forth on Exhibit A (the court docket sheet). **PART B** will be 75 additional cases selected randomly from all cases filed and served between July 31, 2016 and March 1, 2021. These cases are set forth on Exhibit B.

2. Utilizing the Third-Party Draw Service available on Random.org (https://www.random.org/integer-sets/) to select **PART B** cases, the parties jointly on Zoom shall generate a list of 75 random numbers and provide the parties with a site-generated timestamped print out and an electronic copy of the list of 75 random numbers.

3. To identify the **PART B** Selected Cases, the parties shall compare the timestamped list of 75 random numbers against the numbered case list attached hereto as Exhibit B. For example, if number 10 is drawn via the Random Integer Set Generator, case number 10 on Exhibit B is one of the 75 Selected Cases.

4. Once the matching process described in Paragraph 2 is complete, the parties shall agree on the final list of **PART B** 75 Selected Cases. The list shall be numbered 1 – 75, and include the case name, docket number, filing law firm, and random draw number.

5. Within 48 hours of receipt of the list of 75 Selected Cases, the parties shall review and advise in writing of any issues or discrepancies. Otherwise, the list of 75 Selected Cases shall be deemed final.

6. Thereafter, within 3 days, the parties shall submit to the Court a proposed Order identifying the Selected Cases and discovery shall proceed as outlined below.

7. The plaintiffs in each of the Selected Cases shall (1) produce a fully complete and verified Plaintiff Profile Form, the form of which is attached hereto as Exhibit C; (2) produce executed medical record retrieval authorizations, the form of which is attached hereto as Exhibit D; and (3) promptly order the following core records and produce them to defense counsel via MDL Centrality upon receipt:

a. All Medical records or reports from any hospital, physician, or other health care provider who treated plaintiff for ovarian cancer or any gynecologic disease, condition or symptom alleged in the Complaint and/or PPF ; and

b. If applicable, decedent-user's death certificate and copies of letters testamentary or letters of administration confirming standing of the named plaintiff.

The Selected Case Plaintiffs from Part A shall do all of the above by **September 10, 2021.** The Selected Case Plaintiffs from Part B shall do all of the above by **November 19, 2021.**

9. By consent, the parties have agreed to use MDL Centrality®, an online data management tool specifically designed to manage discovery in mass tort litigations, to complete and serve the Plaintiff Profile Forms and for the exchange of any other responsive discovery

documents between the parties. The system is accessible at www.mdlcentrality.com/talc. Plaintiffs' counsel will promptly register with MDL Centrality®.

10. If the Plaintiff has already completed an "old form" Fact Sheet, that Fact Sheet shall be added to MDL Centrality, updated within the time provided herein and it will not be necessary for that plaintiff to complete the Plaintiff Profile Form attached as Exhibit C. That Plaintiff shall, however, update the responses as necessary to make them current and complete, answer questions 3(c) (subtype of cancer), 3(d)(stage of cancer) and 4(b)(tubal ligation) from the Plaintiff Profile form at Exhibit C. In addition, fresh authorizations in the form attached at Exhibit D shall be provided.

STAGE 2 – Discovery Pool Cases.

11. By December 22, 2021, a group of twelve (12) representative cases shall be selected from **the Selected Cases** for further work up (the "Discovery Pool Cases"). Four cases shall be selected by the Plaintiffs, four by the Defendants and four shall be selected randomly. If plaintiffs in any of the Discovery Pool Cases do not wish to proceed, they may dismiss the case with prejudice within two weeks of selection, with each party to bear their own costs. Thereafter, defendants reserve their right to seek sanctions for a voluntary dismissal which occurs during the process of further case work up. Any case dismissed shall be replaced in the same manner in which it was selected – e.g. randomly picked cases will be replaced randomly, defense picked cases will be replaced by the defense, etc.

13. By January 14, 2022, each plaintiff who has been selected as a member of the Discovery Pool Cases shall file an Amended Complaint setting out specifically which causes of

action they intend to pursue. If no Amended Complaint is filed, it will be assumed that they are pursuing all causes of action listed in the originally-filed Complaint.

14. By February 18, 2022, the defendants shall file an answer to include any previously asserted affirmative defenses that each defendant contends are actually being asserted in the particular case.

15. Except as specified in this Order or otherwise authorized by the Court, all case-specific discovery in this MCL proceeding shall remain stayed.

16. Discovery in the Stage Two Discovery Pool cases will be limited to the following:

a. The plaintiff in each case will be deposed; if a death case, then the spouse or significant other; or if a death case and there is no spouse or significant other, then the named personal representative or a family member selected by the plaintiff.

b. Up to two healthcare providers may be deposed in this phase with each side selecting one healthcare provider. The order of selection and questioning will alternate between Plaintiffs and Defendants based on alphabetical order. The list of cases in the Discovery Pool shall be put in alphabetical order.

Plaintiffs shall select and question a healthcare provider first in every alternate case starting with the first case on the list. As to the second healthcare provider in cases where Plaintiffs select first, Defendants shall select the second healthcare provider and question that healthcare provider first.

Defendants shall select and question the healthcare provider first in every alternate case starting with the second case on the list. As to the second healthcare provider in cases where

Defendants select first, Plaintiffs shall select the second healthcare provider and question that healthcare provider first.

If cases are added to the pool after the creation of the list, they will be put on the bottom of the list and selection and questioning shall proceed in the order above. The time for healthcare provider depositions shall be divided 50/50.

c. Plaintiffs are permitted to engage in *ex parte* communications with Plaintiffs' healthcare providers limited solely to the discussions of the physicians' records, diagnosis, peer-reviewed, published scientific literature and the course of treatment. Documents other than medical records for the individual plaintiff and peer-reviewed, published scientific literature may not be provided to the healthcare providers, directly or indirectly, in any such *ex parte* meeting. If plaintiff's counsel engages in *ex parte* communications with her plaintiff's treating physician, at least 48 hours before the deposition of the Plaintiff's treating physician, plaintiffs' counsel shall disclose to defendants' counsel each of the following:

i. the date(s) of each such *ex parte* communication;

ii. the method and approximate duration of each such *ex parte* communication;

iii. the location of each such *ex parte* communication, if in person meeting(s);

iv. the participants in each such *ex parte* communication; and

v. shall provide electronic copies of the documents or a specific cross-reference to a set of documents produced to another healthcare provider previously or other materials that were shown or provided to the treating physician by plaintiffs' counsel in connection with each such *ex parte* communication.

If the communications are within 48 hours of the start of the deposition, the above information shall be provided no later than 30 minutes before the start of the deposition. *Ex parte*

communications shall encompass substantive conversations regarding Plaintiffs' claims, not discussions of scheduling or logistical matters.

d. Defendants' counsel are not permitted to engage in *ex parte* communications with Plaintiffs' treating healthcare providers. Nothing in this Order prohibits Defendants' counsel from retaining a treating health care provider of a given plaintiff in this litigation, subject to the following limitations: (1) under no circumstances shall that treating healthcare provider be retained by Defendants and permitted to offer expert testimony or expert opinions in the MCL litigation about a current or former patient; and (2) Defendants' counsel shall not retain and use as an expert any treating healthcare provider of a plaintiff in the MCL in the final 12 Discovery Pool cases unless the expert was retained before the Plaintiff is placed in the Discovery Pool of 12 .

e. Nothing in this order is intended to place any limits on deposition or trial testimony of a treating healthcare provider other than those provided by New Jersey Rules of Court and the Rules of Evidence.

f. Further discovery will be allowed once the pool of 12 is narrowed to the trial cases. No deposition is waived by not being taken in the Discovery Pool phase of discovery.

g. Within 30 days of being selected for the Discovery Pool, such plaintiffs will provide authorizations for social security disability records and, if a lost wage claim is being made, employment records and tax returns.

17. **Time for Completion of Discovery**. Discovery for the twelve Discovery Pool cases in this phase of the litigation shall be completed by April 8, 2022. . in an individual case for good cause, the parties will meet and confer in good faith to resolve any issues.

Hon. John Porto, J.S.C.

Summary report: **Litéra® Change-Pro TDC 10.1.0.400 Document comparison done on 4/23/2021 6:06:18 PM**	
Style name: DBR Default Style	
Intelligent Table Comparison: Active	
Original filename: Talc - MDL Orders re Case Selection and Discovery (REVISED DRAFT 4 21 21).DOCX	
Modified filename: Talc - MDL Orders re Case Selection and Discovery g+h 423 2021.docx	
Changes:	
Add	38
~~Delete~~	37
~~Move From~~	0
Move To	0
Table Insert	0
~~Table Delete~~	0
Table moves to	0
~~Table moves from~~	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format changes	0
Total Changes:	75

EXHIBIT C

PLAINTIFF PROFILE FORM

This Plaintiff Profile Form ("PPF") must be completed by the plaintiff or the representative of plaintiff's decedent. In completing this PPF, you are under oath and must provide information that is true and complete to the best of your knowledge, information and belief after reasonable inquiry. You must supplement your responses if you learn that they are incomplete or incorrect in any material respect.

In filling out this PPF, please use the following definitions: (1) "**health care provider**" means any hospital, clinic, medical center, physician's office, infirmary, medical or diagnostic laboratory, or other facility that provides medical, dietary, psychiatric, or psychological care or advice, and any pharmacy, weight loss center, x-ray department, laboratory, physical therapist or physical therapy department, rehabilitation specialist, physician, psychiatrist, osteopath, homeopath, chiropractor, psychologist, nutritionist, dietician, or other persons or entities involved in the evaluation, diagnosis, care, and/or treatment of the plaintiff or plaintiff's decedent; (2) "**document**" means any writing or record of every type that is in your possession, including but not limited to written documents, documents in electronic format, cassettes, videotapes, photographs, charts, computer discs or tapes, and x-rays, drawings, graphs, phone-records, non-identical copies, and other data compilations from which information can be obtained and translated, if necessary, by the respondent through electronic devices into reasonably usable form.

Information provided in this PPF will only be used for purposes related to this litigation and may be disclosed only as permitted by the protective order in this litigation. This PPF is completed pursuant to the Federal Rules of Civil Procedure governing discovery.

1. **CASE INFORMATION**

Name of Person Completing Form:	
If you are completing this PPF in a representative capacity (e.g., on behalf of the estate of a deceased person), please complete the following:	
Your Name:	
Your relationship to individual you represent:	

THE REST OF THIS PLAINTIFF PROFILE FORM REQUESTS INFORMATION ABOUT THE PERSON WHO USED JOHNSON'S BABY POWDER AND/OR SHOWER TO SHOWER AND WAS DIAGNOSED WITH OVARIAN CANCER

2. **PERSONAL INFORMATION**

Name:			
Maiden/Other Names Used			
Current or Last Known Address:			
Date of Birth: [Calendar Drop Down]		Gender:	M ____ F____
Date of Death (If applicable) [Calendar Drop Down]:		Social Security Number:	
Select Marriage Status:	[DROP DOWN] Single Married Widowed Divorced	Name of Spouse, if Married at time of filing Complaint:	

3. **TALCUM POWDER-RELATED CLAIM**

a. Have you been diagnosed with one of the following types of cancer? [DROP DOWN]

- □ Ovarian
- □ Fallopian tube
- □ Primary Peritoneal
- □ Endometrial
- □ Uterine
- □ Vaginal
- □ Cervical
- □ Unknown

b. If yes, please provide the approximate date of initial diagnosis (if more than one, for each initial diagnosis): _____[Calendar Drop-Down]

c. If you were diagnosed with ovarian cancer, fallopian tube or primary peritoneal cancer, please provide the type: [DROP DOWN]

- □ High-Grade Serous
- □ Low-Grade Serous
- □ Serous (do not know if high grade or low grade)
- □ Endometrioid
- □ Clear Cell
- □ Mucinous
- □ Undifferentiated
- □ Unknown

d. If you were diagnosed with ovarian cancer, fallopian tube or primary peritoneal cancer, please provide the stage: [DROP DOWN]

- □ Stage I
- □ Stage II
- □ Stage III
- □ Stage IV
- □ Unknown
- □ Unstaged

4. **MEDICAL HISTORY:**

a. Have you ever had a tubal ligation? Yes__ No __ [DROP DOWN]

If yes, date of procedure: [Calendar Drop-Down]

b. Have you ever been tested for a genetic mutation or condition? Yes_No_ [DROP DOWN]

Name of Provider who ordered such testing:_____.

c. Have you ever been diagnosed with any of the following?

Condition	Yes/No/Unknown [DROP DOWN]	Name and Address of Diagnosing Provider	Approximate Date of Diagnosis (if applicable)
BRCA1 or BRCA2 mutation			
Endometriosis			
Adenomyosis			
Irregular vaginal bleeding			
Ovarian Cysts			
Polycystic ovaries and/or Polycystic Ovarian Syndrome			
Uterine fibroids			
Infertility			
Breast cancer			
Lynch Syndrome			
Other cancer (please specify			
Type of cancer(s):			
Obesity/overweight			
Pelvic Inflammatory Disease			
Colon Polyps			

6. *Other than* those injuries that you believe were caused by your use of body powder, do you currently suffer from any chronic illnesses or disabilities? Yes __ No __ [DROP DOWN]

If yes, please identify:

The injury, illness, or disability: _____

Date(s) of diagnosis:_____

FAMILY MEDICAL HISTORY

7. Limiting this question to blood relatives, to the best of your knowledge, please indicate whether your *parents, siblings, children, grandparents, aunts, uncles, or first cousins* have ever suffered from or been treated for any type of cancer (including but not limited to ovarian cancer or breast cancer):

Relative's Name	Relation to you	Type and date of cancer(s)

8. Limiting this question to blood relatives, to the best of your knowledge, please indicate whether your *parents, siblings, children, grandparents, aunts, uncles, or first cousins* have ever been diagnosed with any genetic mutations, including but not limited to BRCA1 or BRCA2 mutations?

Yes __ No __ [DROP DOWN]

If yes, please identify each such relative's relation to you:_____.

HEALTH CARE PROVIDERS AND PHARMACIES

9. Limiting your answer to primary care, gynecology and oncology healthcare providers, identify each doctor or other health care provider who you have seen for medical care and treatment from the ten (10) years prior to your ovarian cancer diagnosis to the present. In particular, please use your best efforts to list all of the primary care providers during this period.

Doctor or Healthcare Provider's Name	Doctor or Healthcare Provider's Specialty	Address	Approx. Years of Visits

10. If any of your healthcare providers who you have seen in relation to treatment and care of **ovarian cancer or any other form of cancer** were not identified previously, please identify for each such provider:

Name and Specialty	Address	Approximate Years of Treatment	Reason for Treatment

11. Limiting your response to visits for issues related to cancer and to gynecologic issues other than pregnancy, identify each hospital, clinic, or health care facility where you were hospitalized (inpatient, out-patient, or emergency room visit) from the (10) years prior to your ovarian cancer diagnosis to the present:

Name	Address	Admission Date(s)	Reason for Admission Approx. Years of visits

12. To the best of your recollection, identify each pharmacy that has regularly dispensed medication to you from the ten (10) years prior to your ovarian cancer diagnosis to the present:

Name of Pharmacy	Address of Pharmacy	Approx. Years You Used Pharmacy

13. Has any health care provider told you the cause(s) of your ovarian cancer??

Yes___ No _____ [DROP DOWN]

If yes, please identify the name of said health care provider, the approximate date on which he/she did so, and the substance of the conversation: _____

_____

_____

14. Have you had any communications with your health care providers, orally or in writing, about whether your condition is related to your use of Johnson's Baby Powder and/or Shower to Shower?

Yes __ No___ [DROP DOWN]

If yes, please identify the name and approximate date of communication with said health care provider: _____

_____

_____

TALCUM POWDER PRODUCT USE

16. Have you ever used Johnson's Baby Powder? Yes_____ No_____

If yes, identify:

a) Did you apply the product to your genital area? Yes_____ No_____

b) Approximate year of first use:_____

c) Approximate year of last use:_____

d) Frequency of use during these dates: _____

17. Have you ever used Johnson & Johnson Shower to Shower? Yes_____ No_____

If yes, identify:

a) Did you apply the product to your genital area? Yes_____ No_____

b) Approximate year of first use:_____

c) Approximate year of last use: _____

d) Frequency of use during these dates: _____

18. Have you ever used any other cosmetic powder product(s) in your genital area?

If yes, identify:

a) Name of product(s): _____

b) Approximate year of first use: _____

c) Approximate year of last use: _____

MEDICAL BACKGROUND OF BODY POWDER USER

19. What is your height? _____ft. _____ inches.

20. Highest weight during the five years prior to your ovarian cancer diagnosis: _____lbs.

Lowest weight during the five years prior to your ovarian cancer diagnosis: _____ lbs.

21. Smoking History:

a. Do you currently smoke cigarettes? Yes __ No __ [DROP DOWN]

-- If yes, for how long have you smoked?

-- If yes, how many cigarettes/packs per day do you smoke?

b. Have you ever smoked cigarettes in the past? Yes __ No __ [DROP DOWN]

-- If yes, when did you begin such smoking?

-- When did you stop smoking?

-- How many cigarettes/packs per day did you smoke until you stopped?

22. Menstrual History:

a. Age at first menstrual period:_____

b. Age at last menstrual period:_____

c. Average length of period:_____

23. Pregnancies: (with drop downs)

Number of pregnancies?_____

Years of pregnancy(s):_____ _____

Number of births ? _____

24. **Employment History:**

Are you currently employed?	Yes___ No___[DROP DOWN]
If yes, please identify your current employer and position:	

25. **Education:**

Highest Educational Degree	[DROP DOWN] High School Diploma GED Bachelor's Post-Graduate	Educational Institution

DOCUMENT DEMANDS

Documents in your possession, including writings on paper or in electronic form (if you have any of the following materials in your custody or possession, please indicate which documents you have and attach a copy of them to this Plaintiff Profile Form):

1. All documents relating to plaintiff's purchase(s) or acquisition(s) of Johnson's Baby Powder or Shower to Shower, including but not limited to, store receipts, credit card receipts, containers, labels, or other records of purchase or acquisition.

2. All medical records, reports, and/or documents from any hospital, physician, or other health care provider who treated plaintiff for ovarian cancer or any gynecologic disease, condition or symptom alleged in the Complaint and/or PPF.

3. If applicable, decedent-user's death certificate and copies of letters testamentary or letters of administration confirming standing of the named plaintiff.

4. A copy of all pathology reports related to plaintiff's/decedent's diagnosis or recurrence of ovarian cancer.

5. A copy of all reports reflecting any genetic testing undertaken on plaintiff/decedent.

DECLARATION

I declare under penalty of perjury that all of the information provided in connection with this Short Form Plaintiff Profile Form is true and correct to the best of my knowledge, information, and belief formed after due diligence and reasonable inquiry. I acknowledge that I have an obligation to supplement the above responses if I become aware of additional responsive information, or if I learn that they are in some material respects incomplete or incorrect.

Date:_____

_____

Signature of Plaintiff

_____

Print Name of Signing Plaintiff

EXHIBIT D

LIMITED AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

(Pursuant to the Health Insurance Portability and Accountability Act "HIPAA" of 4/14/03)

TO:

Patient Name:

DOB:

SSN:

I, _____, hereby authorize you to release and furnish to: Shook, Hardy & Bacon, LLP and Faegre Drinker Biddle & Reath LLP, and/or their duly assigned agents, including Litigation Management, Inc., copies of the following information:

* All medical records, including inpatient, outpatient, and emergency room treatment, all clinical charts, reports, documents, correspondence, test results, statements, patient registration forms, questionnaires/histories, patient consents, office and doctor's handwritten notes, and records received by other physicians. Said medical records shall include all information regarding AIDS and HIV status.
* All autopsy, laboratory, histology, cytology, pathology, radiology, CT Scan, MRI, echocardiogram, cardiac catheterization reports and any other test and consulting reports.
* All radiology films, mammograms, myelograms, CT scans, photographs, bone scans, pathology/cytology/histology/autopsy/immunohistochemistry specimens, cardiac catheterization videos/CDs/films/reels, and echocardiogram videos.
* All pharmacy/prescription records including NDC numbers and drug information handouts/monographs.
* All billing records including all statements, itemized bills, and insurance records.

1. To my medical provider: **this authorization is being forwarded by, or on behalf of, attorneys for the defendants for the purpose of litigation. You are not authorized to discuss any aspect of the above-named person's medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on his or her medical or physical condition, unless you receive an additional authorization permitting such discussion. Subject to all applicable legal objections, this restriction does not apply to discussing my medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on my medical or physical condition at a deposition or trial.**

2. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

3. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire in two years.

4. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign his form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the releaser indicate above.

5. A notarized signature is not required. CFR 164.508. A copy of this authorization may be used in place of an original.

Print Name:_____(plaintiff/representative)

Signature:_____ Date_____

LIMITED AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

(Pursuant to the Health Insurance Portability and Accountability Act "HIPAA" of 4/14/03)

TO:

Patient Name:

DOB:

SSN:

I, _____ (Representative of the Estate of _____), hereby authorize you to release and furnish to: Shook, Hardy & Bacon, LLP and Faegre Drinker Biddle & Reath LLP, and/or their duly assigned agents, including Litigation Management, Inc., copies of the following information:

* All medical records, including inpatient, outpatient, and emergency room treatment, all clinical charts, reports, documents, correspondence, test results, statements, patient registration forms, questionnaires/histories, patient consents, office and doctor's handwritten notes, and records received by other physicians. Said medical records shall include all information regarding AIDS and HIV status.
* All autopsy, laboratory, histology, cytology, pathology, radiology, CT Scan, MRI, echocardiogram, cardiac catheterization reports and any other test and consulting reports.
* All radiology films, mammograms, myelograms, CT scans, photographs, bone scans, pathology/cytology/ histology/autopsy/immunohistochemistry specimens, cardiac catheterization videos/CDs/films/reels, and echocardiogram videos.
* All pharmacy/prescription records including NDC numbers and drug information handouts/monographs.
* All billing records including all statements, itemized bills, and insurance records.

1. To _____'s medical provider: **this authorization is being forwarded by, or on behalf of, attorneys for the defendants for the purpose of litigation. You are not authorized to discuss any aspect of the above-named person's medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on his or her medical or physical condition, unless you receive an additional authorization permitting such discussion. Subject to all applicable legal objections, this restriction does not apply to discussing my medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on my medical or physical condition at a deposition or trial.**

2. I understand that the information in _____'s health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

3. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire in two years.

4. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign his form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the releaser indicate above.

5. A notarized signature is not required. CFR 164.508. A copy of this authorization may be used in place of an original.

Print Name: _____ (Representative of the Estate of _____)

Signature:_____ Date_____