

SUPERIOR COURT OF NEW JERSEY  
LAW DIVISION: ATLANTIC COUNTY

In re: ACCUTANE® LITIGATION

Case No. \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF  
PSYCHOTHERAPY NOTES PURSUANT  
TO 45 C.F.R. § 164.508 (HIPAA)**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release all existing psychotherapy notes regarding the above-named person's medical care, treatment, physical/mental condition(s) and/or medical expenses revealed by observation or treatment past, present and future to the below law firm(s):

- Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C., Post Office Box 14167, Jackson, MS 39236 (Counsel for Cardinal Health 409, Inc. n/k/a Catalent Pharma Solutions, Inc.) and Pietragallo, Gordon, Alfano, Bosick & Raspanti, LLP, One Oxford Center, 38<sup>th</sup> Floor, Pittsburgh, PA 15219 (Counsel for the Mylan Defendants).
- Ulmer & Berne, LLP, 600 Vine Street, Suite 2800, Cincinnati, OH 45202-2409 (Counsel for the Barr Defendants).
- Duane Morris, LLP, 30 South 17<sup>th</sup> Street, Philadelphia, PA, 19103-4196 (Counsel for the Ranbaxy Defendants).

These records shall be used 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 that litigation concludes.

I understand that this authorization includes all psychotherapy notes maintained separately from the above-named person's medical records that document or analyze the contents of conversation during a private counseling session or a group, joint, or family counseling session by referring to something other than medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress.

I understand that the health information being disclosed by these psychotherapy notes 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.

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(s) of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition(s) 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 substituted in its place. Copies of these materials are to be provided at the expense of the firm checked above.

Dated this \_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
*[Signature of Plaintiff or Representative]*

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_