

**COMPREHENSIVE
ARCHIVES
INCORPORATED**
Your Document Storage Solution

16-Dec-11

Estate of the Parkway Hospital, INC; Destruction of Medical Records

Pursuant to order from the United States Bankruptcy Court Southern District of New York, the storage of selected medical records has been extended through February 12, 2012. In order to obtain a copy of your record please refer to the attached. Your timely response is imperative.

Sincerely,

Comprehensive Archives, INC

**COMPREHENSIVE
ARCHIVES
INCORPORATED**
Your Document Storage Solution

Today's Date _____

Re: The Parkway Hospital

To Whom It May Concern:

The Parkway Hospital has closed. We have been contracted to maintain their medical records post closure. In order to locate and release your record the following is required:

- A) Please complete and return the enclosed release form
- B) If located, we will notify of fees to copy and ship record. Fees for copying hardcopy medical records are \$.75/page, plus applicable postage, handling and sales tax.

If this meets with your approval, sign where indicated below and return with completed request form.

Sincerely Yours,

Comprehensive Archives, Inc

Agreed:

file-recordrequestltr

Comprehensive Archives, Inc
87-46 123 Street. Richmond Hill, NY 11418
Phone-718-849-7277
Fax- 718-849-7507

Authorization to release medical and/or psychological/psychiatric and AIDS and alcohol and substance abuse records for treatment rendered by The Parkway Hospital

Patient Name: _____ Record # (if available) _____

Patient's Address: _____

Social Security # _____ Day Time Phone Number _____

My signature below attests to authorization and consent to Comprehensive Archives, Inc. to release a complete copy of - please check the appropriate item(s):

() Medical Record

The records/information are to be disclosed for the purpose of _____

To the following party (Include full name, address & phone number)

This authorization is effective for a period of ninety- (90) days from the date listed below. I further hereby authorize Comprehensive Archives to include in that provision of records any and all psychological/ psychiatric and/or AIDS, and or alcohol and substance abuse records held at Comprehensive Archives, Inc. in addition to the usual and customary medical records. I understand that psychological/ psychiatric and/or AIDS, and or alcohol and substance abuse records are deemed highly confidential in nature and I authorize their release as well. I understand that written notification is required to cancel this authorization. To obtain instructions on how to withdraw my authorization, I may contact-718-849-7277. By signing this authorization form, you authorize the use and disclosure of your protected health information as described above. The information may be re- disclosed if the recipient(s) described on this form is not required by law to protect the privacy of this information.

Date: _____ Patient's Signature: _____
=====

State of _____ County of _____

On the _____ day of _____ in the year _____, before me the undersigned, personally appeared

_____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within RELEASE, and acknowledged to me that she/he executed the same in his/her capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s), acted executed the RELEASE

Notary Public

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
In re:

THE PARKWAY HOSPITAL, INC.,

Debtor.

Case No. 05-14876 (SCC)

(Chapter 7)

-----X
MEDICAL RECORDS NOTICE

TO FORMER PATIENTS OF THE PARKWAY HOSPITAL, INC.:

1. The Parkway Hospital, Inc. is currently a debtor in a chapter 7 liquidation case pending in the United States Bankruptcy Court for the Southern District of New York. Robert Aquino M.D. is the President and Chief Executive Officer of the Hospital. The Hospital stopped operating in November 2008.

2. The Hospital may have copies of your medical records.

3. If you would like a copy of your medical records, please contact on or before [date]:

Comprehensive Archives, Inc.
87-46 123rd Street
Richmond Hill, NY 11418
Tel: (718) 849-7277 ext. 107
Facsimile: (718) 849-7507
Attention: Ratie Persaud
Email: rpersaud@comprehensivearchives.com
Website: www.comprehensivearchives.com

4. You are responsible for the costs associated with the copying and distributing such medical records.

5. **COMPREHENSIVE ARCHIVES, INC. SHALL MAINTAIN COPIES OF YOUR MEDICAL RECORDS FOR ONE YEAR FROM THE DATE OF THIS NOTICE. AFTER THAT THE MEDICAL RECORDS MAY BE DESTROYED AFTER DECEMBER 1, 2011.**

Dated: New York, New York
November 30, 2010

GAZES LLC
32 Avenue of the Americas
New York, New York 1001
(212) 765-9000
Attorneys for the Chapter 7 Trustee