

Michalski & Gubernat, P.C.

Attorneys at Law

636 S. Des Plaines River Road
Suite 100 I
Des Plaines, Illinois 60016
847-418-1684
Fax: 224-520-8036

FAX TRANSMISSION COVER SHEET

Date: 3/5/2020

To: Village of Franklin Park
ATTN: FOIA Request

Fax: 847-671-7806

Re: Dalilah Villagomez v. Krisana Jiemanchong
DOA & DOS: 12/17/2019
DOB: 6/7/1998
Account Number: 19-22217

From: Martin B. Michalski, Attorney at Law

YOU SHOULD RECEIVE (4) PAGE(S), INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL 847-418-1684.

COMMENTS:

Please see attached: FOIA Request Form, Correspondence and HIPAA Release.

**Thanks,
Martin Michalski**

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENT NAMED ABOVE.

This transmittal may be a confidential attorney-client communication or contain information within the attorney-client privilege. If the reader of this transmittal is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this transmittal in error and that any distribution, copying or retention of this transmittal or the information contained therein is strictly prohibited. If you have received this and you are not the intended recipient or an authorized agent, please notify us immediately by telephone (call us at 847-418-1684) and return the original transmittal and any copies to us by mail. Thank you.

File No: _____

**VILLAGE OF FRANKLIN PARK
9500 W. BELMONT AVENUE
FRANKLIN PARK, IL 60131-2707**

Website: www.vofp.com
PHONE: 847-671-8242

EMAIL: clerk@vofp.com
FAX: 847-671-7806

**REQUEST FOR RECORDS IN ACCORDANCE WITH THE
FREEDOM OF INFORMATION ACT**

- I AM REQUESTING TO HAVE NON-CERTIFIED COPIES
- I AM REQUESTING TO HAVE CERTIFIED COPIES
- I AM REQUESTING TO INSPECT

I am requesting information for the following (please be specific):

Legal purposes: Litigation

HIPAA Release is Attached.

Will this material be used for commercial purposes? YES NO

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).

Name Martin Michalski Address 636 S. River Rd. Suite 100 E
 Phone 847 752 0506 x 102 City Des Plaines State IL Zip 60016
 Email martin@m-g-law.com Fax 224/520-8036
 Signature of Requestor Martin B. Michalski Date 3/5/2020

Copying: From the copy machine - (.15 per page, after the first 50 pages for black and white, letter or legal sized)
Oversized - actual cost. Color copies - actual cost Certified Copy - \$1.00

Response will be emailed unless otherwise stated or requested.

20160104

MICHALSKI & GUBERNAT, P.C.

Attorneys at Law

636 S. Des Plaines River Rd., Suite 100I, Des Plaines, IL 60016Martin B. Michalski
Boleslaw GubernatTelephone: (847) 418-1684; (773) 407-3625
Facsimile: (224) 520-8036

March 5, 2020

Village of Franklin Park
ATTN: FOIA Request
(via facsimile transmission only to 847-671-7806)RE: Dalilah Villagomez v. Krisana Jiemanchong
DOA & DOS: 12/17/2019
DOB: 6/7/1998
Account Number: 19-22217

To Whom It May Concern:

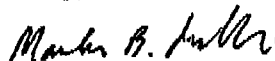
Our office represents Dalilah Villagomez with regard to the above-captioned personal injury matter.

Kindly provide us with the records associated with our client's accident. She was transported by a Village of Franklin Park Ambulance from the scene of an accident to Elmhurst Memorial Hospital. We are in possession of the bill associated with the Ambulance services and are only seeking the records from the first responders.

I am enclosing a HIPAA authority for the release of medical records. Kindly notify us of the costs associated with production of these documents and we will make prompt payment.

If you have any questions regarding this matter, please contact me directly at 847/418-1684.

Sincerely,

Martin B. Michalski
Attorney at Law

Encl.

MEDICAL AUTHORIZATION (HIPAA)

TO: Village of Franklin Park

I hereby authorize the use or disclosure of protected health information about me as described below:

- 1) The following specific person or class of persons or facility is authorized to make the requested use or disclosure: MICHALSKI & GUBERNAT, Attorneys at Law
- 2) The following persons or class of persons may receive disclosure of protective health information about me: MICHALSKI & GUBERNAT, Attorneys at Law, 636 S. Des Plaines River Rd. Suite 100, Des Plaines, IL 60016.
- 3) The specific information that should be disclosed is: MEDICAL RECORDS AND/OR BILLS
 - (i) Hospital records, x-ray readings and reports, laboratory records and reports, all tests or films of any type, character and reports thereof, statement of charges, and any and all of my records pertaining to hospitalization, history, condition, treatment, diagnosis, prognosis, etiology or expense.
 - (ii) Medical records, including patient's records, cards, x-rays, x-ray readings and reports, laboratory records and reports, laboratory records and reports, all tests of any type and character and films or reports thereof, statements of charges, and any and all of my records pertaining to medical care, history, condition, treatment, prognosis, etiology or expense.
- 4) I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.
- 5) I may revoke this authorization by notifying the law offices of MICHALSKI & GUBERNAT in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.
- 6) This authorization expires upon occurrence of the following event that relates to me or to the purpose of the intended use of disclosure of information about me: The ultimate settlement or award in my worker's compensation claim.
- 7) By reason of the fact that such information that you have acquired as my physician or surgeon or medical provider is confidential to me, you are also requested to treat such information as confidential and requested not to furnish any of such information in any form to anyone without prior written authorization from me.
- 8) I hereby revoke any previously dated medical authorization.
- 9) This consent or photostatic copy of this authorization shall be as valid and effective as the original

Signature: *Daiana Villagomez* Dated: 3/5/2020 Date of Accident: 12/17/2019
Daiana Villagomez
Daiana

Social Security Number: _____ Date of Birth: 6/7/1998