

**RESPONSE OF THE HEALTH CARE ENTITY
TO A SUBPOENA *DUCES TECUM* FOR HEALTH RECORDSⁱ**

The _____, Case No. _____,
Name of the Virginia court or administrative agency

by subpoena *duces tecum*, ordered that the health records of _____,
Name and address of individual

_____, _____, _____,
Name and address of individual continued Individual's date of birth Social Security No. (optional)

be provided to _____.
Name of party requesting or causing issuance of the subpoena

HEALTH CARE ENTITY'S RESPONSE

I. The Certification, from the requesting party, advised that no Motion to Quash (object to) the subpoena *duces tecum* was filed. The doctor or health care entity is complying with the subpoena *duces tecum* by returning (producing) the specified health records at the location and on the date in the subpoena.

II. The Certification advised the doctor or health care entity that the Court or Administrative Agency ordered that:

and the doctor or health care entity is complying with this Order.

III. The health records are being forwarded to the Court or Administrative Agency in a securely sealed envelopeⁱⁱ as the doctor or health care entity:

is filing a Motion to Quash the subpoena, [or]

received actual receipt of notice that a Motion to Quash the subpoena has been filed.

Additional information (optional):

Signature of doctor or health Care entity or representative

Printed name

Date sent

ⁱ Va. Code § [32.1-127.1:03](#) (amendments effective March 12, 2004)

ⁱⁱ Va. Code § [32.1-127.1:03](#)(H)(5)