

Ex. 38



HARLEM HOSPITAL CENTER
506 Lenox Avenue
New York, N.Y. 10037

COVER LETTER

DATE: 10/25/91

TO: Supreme Court
John Brancato
1 Hogan Plc
NY, NY 10013

RE: Santa Flores
(AKA Josephina Mendez)

CHART #: 1172500

DATE(S) OF REQUESTED INFORMATION:
7/17/90

Dear Sir/Madam:

In response to recent correspondence request, the following photocopy(ies) of medical information is (are) enclosed:

- | | |
|---|--|
| <input type="checkbox"/> Clinic Visit(s) | <input type="checkbox"/> Laboratory Report |
| <input type="checkbox"/> Emergency Room Record | <input type="checkbox"/> Prenatal Record |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Labor & Delivery Summary |
| <input type="checkbox"/> Face Sheet | <input type="checkbox"/> Obstetrical Admitting & Discharge Records |
| <input type="checkbox"/> Admission History & Physical | <input type="checkbox"/> Electroencardiogram Report |
| <input type="checkbox"/> Doctor's Orders | <input type="checkbox"/> Sonogram |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Electroencephalogram Report |
| <input type="checkbox"/> Consultations | <input type="checkbox"/> X-Ray Report |
| <input type="checkbox"/> Operative Report | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Pathological Report(s) | |
| <input type="checkbox"/> Cytology Report | |
| <input type="checkbox"/> X-Ray Film | |

A copy of the request is also attached for your reference.

Sincerely,
D. Lupon

Eula states
Assistant Director
Health Information Services
Medical Information Unit

Prepared By: Alice Perry
Supervising Medical Record Specialist
Health Information Services
Medical Information Unit

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HARLEM HOSPITAL CENTER
506 Lenox Avenue
New York, N.Y. 10037

C E R T I F I C A T I O N

I, Eula States, the Assist. Director,
NAME TITLE

of the Medical Records Department of Harlem Hospital Center, hereby, certify that the record attached is in the custody of and is the full and complete record of the condition, act, transaction, occurrence or events of this Institution concerning:

Santa Flores (AKA Josephine Mendez) 485 W 187th St. NYC
NAME OF PATIENT ADDRESS OF PATIENT

MEDICAL RECORD NUMBER: 1172500

I, further, certify that this record was made in the regular course of business of this Institution and it is in the regular course of business of this Institution to make such record, and such record was made at the time of the condition, act, transaction, occurrence or events, or within a reasonable time thereafter. The original medical record is retained in the Medical Records Department in order to maintain the integrity of our files.

DATE: 10/25/91

PREPARED BY: D. [Signature]
SIGNATURE

MEDICAL INFORMATION UNIT

[Signature]

Alice Perry

Ms. Eula States
Assistant Director
Health Information Services
Medical Information Unit

Ms. Alice Perry
Supervising Medical Record Specialist
Health Information Services
Medical Information Unit

ORIGINAL AND COPIES OF RECORDS SHOULD BE RETURNED TO THE HOSPITAL UPON COMPLETION OF TRIAL AND/OR COURT PROCEEDINGS.

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NEW YORK CITY HEALTH & HOSPITALS CORPORATION

HARLEM HOSPITAL CENTER
506 Lenox Avenue
New York, N. Y. 10037

DELEGATION OF AUTHORITY

I, Bruce Goldman, the Head of HARLEM HOSPITAL CENTER, certify that
NAME

Eula States _____, Assistant Director of the Health Information
NAME OF EMPLOYEE **TITLE**

Services A/K/A Medical Records Department whose signature appears below,
is a responsible employee of this Institution.

I, hereby, authorize her to certify records of this Institution as the
full and complete record of the condition, act, transaction, occurrence
or events which have been made in the regular course of business of this
Institution, and it is the regular course of business of this Institution
to make such records at the time of the condition, act, transaction, occur-
rence or events, or within a reasonable time thereafter.

DATE: 6/25/91



Bruce Goldman
Executive Director



Eula States
Assistant Director

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