

Sec. 13-6. Interrogatories; In General

(a) In any civil action, in any probate appeal, or in any administrative appeal where the judicial authority finds it reasonably probable that evidence outside the record will be required, any party may serve in accordance with Sections 10-12 through 10-17 written interrogatories, which may be in electronic format, upon any other party to be answered by the party served. Written interrogatories may be served upon any party without leave of the judicial authority at any time after the return day. Except as provided in subsection (d) or where the interrogatories are served electronically as provided in Section 10-13 and in a format that allows the recipient to electronically insert the answers in the transmitted document, the party serving interrogatories shall leave sufficient space following each interrogatory in which the party to whom the interrogatories are directed can insert the answer. In the event that an answer requires more space than that provided on interrogatories that were not served electronically and in a format that allows the recipient to electronically insert the answers in the transmitted document, the answer shall be continued on a separate sheet of paper which shall be attached to the completed answers.

(b) Interrogatories may relate to any matters which can be inquired into under Sections 13-2 through 13-5, and the answers may be used at trial to the extent permitted by the rules of evidence. In all personal injury actions alleging liability based on the operation or ownership of a motor vehicle or alleging liability based on the ownership, maintenance or control of real property, or in actions claiming a loss of consortium or uninsured/underinsured motorist coverage benefits, the interrogatories shall be limited to those set forth in Forms 201, 202, 203, 208, 210, 212, 213 and/or 214 of the rules of practice, unless upon motion, the judicial authority determines that such interrogatories are inappropriate or inadequate in the particular action. These forms are set forth in the Appendix of Forms in this volume. Unless the judicial authority orders otherwise, the frequency of use of interrogatories in all actions except those for which interrogatories have been set forth in Forms 201, 202, 203, 208, 210, 212, 213 [and/or], 214, and/or XX of the rules of practice is not limited.

(c) In all actions alleging medical negligence, the interrogatories shall be limited to: (1) those set forth in Forms XX and XX of the rules of practice and contained in the Appendix of Forms in this volume to which no objections shall be allowed; and (2) twenty additional interrogatories as of right, which may not contain subparts. The party to whom the additional twenty as of right interrogatories are directed may have a right to file specific, individual objections to each additional interrogatory. A party may move

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~~for permission to file additional discovery, which the judicial authority shall permit if it determines that the interrogatories filed to date are inappropriate or inadequate in the particular action.~~

[(c)] (d) The standard interrogatories in civil actions, including standard and as of right additional interrogatories in medical negligence actions, are intended to address discovery needs in most cases in which their use is mandated, but they do not preclude any party from moving for permission to serve such additional discovery as may be necessary in any particular case as contemplated by Practice Book Section 13-2.

[(d)] (e) In lieu of serving the interrogatories set forth in Forms 201, 202, 203, 208, 210, 212, 213 [and/ or], 214, and/or ~~XX~~ of the rules of practice on a party who is represented by counsel, the moving party may serve on such party a notice of interrogatories, which shall not include the actual interrogatories to be answered, but shall instead set forth the number of the Practice Book form containing such interrogatories and the name of the party to whom the interrogatories are directed. The party to whom such notice is directed shall in his or her response set forth each interrogatory immediately followed by that party's answer thereto.

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[(e)] (f) The party serving interrogatories or the notice of interrogatories shall not file them with the court.

[(f)] (g) Unless leave of court is granted, the instructions to Forms 201 through 203 are to be used for all nonstandard interrogatories.

Sec. 13-9. Requests for Production, Inspection and Examination; In General [same suggested changes as above]

(a) In any civil action, in any probate appeal, or in any administrative appeal where the judicial authority finds it reasonably probable that evidence outside the record will be required, any party may serve in accordance with Sections 10-12 through 10-17 upon any other party a request to afford the party submitting the request the opportunity to inspect, copy, photograph or otherwise reproduce designated documents or to inspect and copy, test or sample any tangible things in the possession, custody or control of the party upon whom the request is served or to permit entry upon designated land or other property for the purpose of inspection, measuring, surveying, photographing, testing or sampling the property or any designated object or operation thereon. Such requests will be governed by the provisions of Sections 13-2 through 13-5. In all personal injury actions alleging liability based on the

operation or ownership of a motor vehicle or alleging liability based on the ownership, maintenance or control of real property, or in actions claiming a loss of consortium or uninsured/underinsured motorist coverage benefits, the requests for production shall be limited to those set forth in Forms 204, 205, 206, 209, 211, 215 and/or 216 of the rules of practice, unless, upon motion, the judicial authority determines that such requests for production are inappropriate or inadequate in the particular action. These forms are set forth in the Appendix of Forms in this volume.

(b) In all actions alleging medical negligence, the production requests shall be limited to: (1) those set forth in Forms XX and XX of the rules of practice and contained in the Appendix of Forms in this volume and (2) twenty additional as of right production requests, which may not contain subparts. The party to whom the twenty as of right requests are directed may have a right to file specific, individual objections to each additional as of right production request. A party may move for permission to file additional discovery, which the judicial authority shall permit if it determines that such requests for production filed to date are inappropriate or inadequate in the particular action.

[(b)] (c) The standard requests for production are intended to address discovery needs in most cases in which their use is mandated, but they do not preclude any party from moving for permission to serve such additional discovery as may be necessary in any particular case.

[(c)] (d) Requests for production may be served upon any party without leave of court at any time after the return day. In lieu of serving the requests for production set forth in Forms 204, 205, 206, 209, 211, 215 [and/or], 216, and/or ~~XX~~ of the rules of practice on a party who is represented by counsel, the moving party may serve on such party a notice of requests for production, which shall not include the actual requests, but shall instead set forth the number of the Practice Book form containing such requests and the name of the party to whom the requests are directed.

[(d)] (e) The request shall clearly designate the items to be inspected either individually or by category. The request or, if applicable, the notice of requests for production shall specify a reasonable time, place and manner of making the inspection. Unless the judicial authority orders otherwise, the frequency of use of requests for production in all actions except those for which requests for production have been set forth in Forms 204, 205, 206, 209, 211, 215 [and/or], 216 and/or ~~XX~~ of the rules of practice is not limited.

[(e)] (f) If information has been electronically stored, and if a request for production does not specify a form for producing a type of electronically stored information, the responding party shall produce the information in a form in which it is ordinarily maintained or in a form that is reasonably usable. A party need not produce the same electronically stored information in more than one form.

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[(f)] (g) The party serving such request or notice of requests for production shall not file it with the court.

[(g)] (h) Unless leave of court is granted, the instructions to Forms 204 through 206 of the rules of practice are to be used for all nonstandard requests for production.

[(h)] (i) A party seeking the production of a written authorization in compliance with the Health Insurance Portability and Accountability Act to inspect and make copies of protected health information, or a written authorization in compliance with the Public Health Service Act to inspect and make copies of alcohol and drug records that are protected by that act, shall file a motion pursuant to Section 13-11A. A motion need not be filed to obtain such authorization in actions to which Forms 204, 205 [and], 216, and ~~xx~~ of the rules of practice apply.

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Form XXX

Defendant's Interrogatories
Medical Negligence

NO. CV - :SUPERIOR COURT
(Plaintiff) :JUDICIAL DISTRICT OF
VS. :AT
(Defendant) :DATE

The undersigned, on behalf of the Defendant, hereby propounds the following interrogatories to be answered by the Plaintiff, _____, under oath, within sixty (60) days of the filing hereof in compliance with Practice Book Section 13-2.

Definition: "You" or "your" shall mean the Plaintiff to whom these interrogatories are directed, except that if a lawsuit has been instituted by the representative of the estate of a decedent, ward, or incapable person, "you" shall also refer to the Plaintiff's decedent, ward or incapable person unless the context of an interrogatory clearly indicates otherwise.

In answering these interrogatories, the Plaintiff(s) is (are) required to provide all information within their knowledge, possession or power. If an interrogatory has subparts, answer each subpart separately and in full and do not limit the answer to the interrogatory as a whole. If any interrogatories cannot be answered in full, answer to the extent possible.

(1) State the following:

- (a) Your full name and any other name(s) by which you have been known;
- (b) Your date of birth;
- (c) Your current home address;
- (d) Your home address as of the time of the negligence alleged in the Complaint; and
- (e) Your home address for the five years prior to and since the negligence alleged in the Complaint.

(2) State your marital status at the time of and since the negligence alleged in the Complaint and, if married, provide the date of the marriage, the full legal name, and current address of your spouse.

(3) State the full legal names and ages of each person with whom you have lived at or since the time of the negligence alleged in the Complaint and identify each time period.

(4) State the full legal names and ages of your children. For each child, identify the time periods during which they resided with you at or since the time of the negligence alleged in the Complaint.

- (5) Identify and list each physical and mental injury or condition you claim to have sustained as a result of the negligence alleged in the Complaint.
- (6) If you were treated at a hospital for injuries and conditions sustained as a result of the negligence alleged in the Complaint, state the name and location of each hospital and the dates of such treatment and admission.
- (7) State the name and address of each physician or other health care provider who treated you for the injuries and conditions you sustained as a result of the negligence alleged in the Complaint.
- (8) When and from whom did you last receive any medical treatment for injuries and conditions alleged to have been sustained as a result of the negligence alleged in the Complaint?
- (9) Identify the date you last received medical services or treatment from the Defendant.
- (10) State the date you fully recovered from the injuries and conditions alleged in your Complaint?
- (11) If you are not fully recovered, state precisely from what injuries and conditions you are presently suffering.
- (12) Are you presently under the care of any physician or other health care provider for the treatment of injuries and conditions alleged to have been sustained as a result of the negligence alleged in your Complaint?
- (13) If the answer to the prior interrogatory is in the affirmative, state the name and address of each physician or other health care provider who is treating you.
- (14) Do you claim any disability resulting from injuries and conditions allegedly sustained as a result of the negligence alleged in your Complaint?
- (15) If so, state the nature of the disability claimed. [need both 14 and 16?]
- (16) Do you claim any permanent disability resulting from the negligence alleged in the Complaint?
- (17) If the answer to the prior interrogatory is in the affirmative, answer the following:
 - (a) List the parts of your body which are disabled;
 - (b) List the motions, activities or use of your body which you have lost or which you are unable to perform;
 - (c) State the percentage of loss of use claimed as to each part of your body;
 - (d) State the name and address of the person who made the prognosis for permanent disability and the percentage of loss of use; and

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- (e) List the date for each such prognosis.
- (18) If you were or are confined to your home or your bed as a result of injuries and conditions sustained as a result of the negligence alleged in your Complaint, state the dates you were so confined.
- (19) Identify any nonprivileged medical reports received by you or your attorney relating to your alleged injuries and conditions by stating the name and address of the treating physician or other health care provider, and any physician or health care provider you anticipate calling as a trial witness, who provided such reports and the date of the report.
- (20) List each item of expense which you claim to have incurred as a result of the negligence alleged in your Complaint, and state the name and address of the person or organization to whom each item has been paid or is payable.
- (21) For each item of expense identified in response to the prior interrogatory, if any such expense, or portion thereof, has been paid or reimbursed or is reimbursable by an insurer, state, as to each such item of expense, the name of the insurer that made such payment or reimbursement or that is responsible for such reimbursement.
- (22) If, during the ten year period prior to the date of the negligence alleged in the Complaint, you were under a physician's or other health care provider's care for any conditions which were in any way similar or related to those identified and listed in your response to Interrogatory #5, state the nature of said injuries or conditions, the dates you received treatment, and the name of the physician or other health care provider who provided treatment for the prior condition.
- (23) State whether you have ever filed a claim or lawsuit for physical or mental injury or condition. If so, state the caption, venue and docket number of any such lawsuit.
- (24) If you were involved in any incident in which you received physical or mental injuries or conditions since the date of the negligence alleged in the Complaint, provide the following information:
- (a) On what date and in what manner did you sustain said injuries?
 - (b) Did you make a claim against anyone as a result of said incident?
 - (c) If so, provide the name and address of the person or persons against whom a claim was made;
 - (d) If a lawsuit was brought, state the name and location of the Court, the return date of the lawsuit, and the docket number;
 - (e) State the nature of the physical or mental injuries or conditions received in said incident;
 - (f) State the name and address of each physician or health care provider who treated you for said injuries or conditions;
 - (g) State the dates on which you were so treated;

- (h) State the nature of the treatment received on each such date; and
 - (i) If you are presently or permanently disabled as a result of said injuries, state the nature of such disability, the name and address of each physician or health care provider who diagnosed said disability and the date of each such diagnosis.
- (25) At the time of the negligence alleged in your Complaint or thereafter, have you filed a personal bankruptcy petition? If yes, identify the type of bankruptcy, the court and court address, caption and docket number, name and address of trustee and whether the petition is pending or has been discharged.
- (26) List all secondary schools and colleges you attended, the years attended, and degrees conferred, if any.
- (27) If you claim that as a result of the negligence alleged in your Complaint you were prevented from pursuing your usual occupation, or otherwise lost time from work, provide the following information:
- (a) The name and address of your employer on the date of the negligence alleged in the Complaint;
 - (b) The nature of your occupation and a precise description of your job responsibilities with said employer on the date of the negligence alleged in the Complaint;
 - (c) Your average, weekly earnings, salary, or income received from said employment for the year preceding the date of the negligence alleged in the Complaint;
 - (d) The date following the date of the negligence alleged in the Complaint on which you resumed the duties of said employment;
 - (e) Any loss of income you claim resulted from the negligence alleged in your Complaint and how the loss is computed;
 - (f) The dates you were unable to perform the duties and lost time from work as a result of injuries or conditions claimed to have been sustained as a result of the negligence alleged in your Complaint; and
 - (g) The names and addresses of each employer for whom you worked for three years prior to the date of the negligence alleged in your Complaint.
- (28) Do you claim an impairment of earning capacity?
- (29) State whether you made an application(s) for life/disability insurance in the past ten years, and if so state the date of the application(s).
- (30) Identify the administrative/funeral and burial expenses incurred on behalf of the Plaintiff, if applicable, as well as the date such expenses were incurred, the recipient of such monies and the identity of the individual who paid such expenses.
- (31) If you are introducing the condition of your mental health as an element of a claim in this lawsuit, state whether you have sought treatment with a mental health provider,

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including but not limited to a psychiatrist, psychologist, therapist, or counselor, in the ten years prior to, or subsequent to the negligence alleged in the Complaint.

COMMENT:

Where appropriate, and where the Plaintiff does not consent to the production of the mental health records, the Defendant may seek a court order for the production of the records.

- (32) Has any treating physician or other health care provider told you directly that the above-named Defendant(s) failed to adhere to the acceptable standard of care in any respect?
- (33) If the answer to the preceding interrogatory is in the affirmative, state the name and address of each such physician or health care provider, the date each communication was made and the content of any such communication.
- (34) If you have signed a covenant not to sue, a release or discharge of any claim you had, have or may have against any person, corporation or other entity as a result of the negligence alleged in your Complaint, state in whose favor it was given, the date thereof, and to the extent it is not subject to a confidentiality agreement, the consideration paid to you for giving it. If you are unable to respond to this interrogatory, in whole or in part, due to a confidentiality agreement, state so.
- (35) If you or anyone on your behalf agreed to or contracted with any person, corporation or other entity to limit in any way the liability of such person, corporation or other entity as a result of any claim you have or may have as a result of the negligence alleged in your Complaint, state in whose favor it was given, the date thereof, and to the extent it is not subject to a confidentiality agreement, the consideration paid to you for giving it. If you are unable to respond to this interrogatory due to a confidentiality agreement, state so.
- (36) State the names and addresses of all persons known to you who were present at the time of the negligence alleged in your Complaint or who observed or witnessed all or part of the care provided by the Defendant.
- (37) As to each individual named in response to the preceding interrogatory, state whether to your knowledge, or the knowledge of your attorney, such individual has given any statement or statements as defined in Practice Book Section 13-1 concerning the subject matter of your Complaint or alleged injuries and conditions. If your answer to this interrogatory is affirmative, state also:
- (a) The date on which such statement or statements were taken;
 - (b) The names and addresses of the person or persons who took such statement or statements;

- (c) The names and addresses of any person or persons present when such statement or statements were taken;
- (d) Whether such statement or statements were written, made by recording device or taken by court reporter or stenographer; and
- (e) The names and addresses of any person or persons having custody or a copy or copies of such statement or statements.

(38) Have you made any statements, as defined in Practice Book Section 13-1, to any person regarding any of the events alleged in your Complaint?

(39) State the name and address of any person(s) who you may call as a fact witness at trial of this matter regarding the claims of damage alleged by Plaintiff(s) in the Complaint.

COMMENT:

These individuals or witnesses shall be disclosed, except for good cause shown, no later than sixty days prior to trial and may be thereafter deposed.

(40) Have you documented in any form any of the events, injuries, or conditions alleged in your Complaint? State whether any privilege is claimed.

(41) Are you aware of any photographs or any recordings by film, video, audio or any other digital or electronic means depicting the negligence alleged in the Complaint, the care provided by the Defendant or any injury or condition alleged to have been caused by the negligence alleged in the Complaint? If so, for each set of photographs or each recording taken, obtained or prepared of each such subject, state:

- (a) The name and address of the person who took, obtained or prepared such photograph or recording, other than an expert who will not testify at trial;
- (b) The dates on which such photographs were taken or such recordings were obtained or prepared;
- (c) The subject;
- (d) The number of photographs or recordings;
- (e) The nature of the recording (e.g., film, video, audio, etc.).

(42) Identify surveillance material discoverable under Practice Book Section 13-3 (c), by stating the name and address of any person who obtained or prepared any and all recordings, by film, photograph, videotape, audiotape or any other digital or electronic means, of any party concerning this lawsuit or its subject matter, including any transcript thereof which are in your possession or control or in the possession or control of your attorney, and state the date on which each such recordings were obtained and the person or persons of whom each such recording was made.

(43) Have you ever filed a claim/application for Social Security Disability and/or any form of government disability including military?

- (44) If the answer to the preceding interrogatory is in the affirmative, state:
- (a) The dates of all such applications;
 - (b) The reasons for seeking disability, including all listed medical conditions;
 - (c) How the listed medical conditions caused you to be disabled;
 - (d) The dates you were deemed disabled;
 - (e) The names and addresses of any physicians or health care providers whom you saw for disability evaluations; and,
 - (f) The address of any disability offices involved in obtaining such benefits.

Interrogatories #45 through #52 apply in wrongful death cases:

- (45) If the decedent underwent a physical examination for any reason including, but not limited to, examinations related to employment, or employment applications within the five (5) years prior to the date of the negligence alleged in the Complaint, please state:
- (a) The date(s) the exam was performed; and
 - (b) The name and address of the physician or health care provider who performed each exam.
- (46) If a claim for loss of earning capacity is being made, please state the decedent's average monthly personal living expenses for the two (2) years preceding his/her death including, but not limited to, the decedent's food, rent and housing, clothing, transportation, and medical and dental care.
- (47) Did the decedent suffer from any illness, injury, disease, condition, disability or defect from the time of the negligence alleged in the Complaint to the time of death? If so, please identify the illness, injury, disease, condition, disability or defect.
- (48) If you are claiming that any preexisting physical or mental condition exacerbated, contributed to, or accelerated the decedent's death, identify the condition(s) and physician or health care provider(s) treating the decedent for those condition(s) in the ten years prior to his or her death.
- (49) Other than what is contained in the medical records, are you aware of any treating physician, physician's assistant (P.A.), or advanced practice registered nurse (APRN) who discussed the primary cause of the decedent's death with a patient representative? If so, please identify that individual and the substance of that conversation.
- (50) Was an autopsy and/or postmortem toxicology testing ever performed on the decedent? If the answer is yes, state:

- (a) The name of the person who ordered or requested the autopsy;
- (b) The date the autopsy was performed;
- (c) The place where the autopsy was performed;
- (d) The name of the individual who performed the autopsy; and
- (e) The findings of the autopsy and/or postmortem toxicology testing.

(51) Have any entries, memoranda, and/or declarations, as defined in General Statutes § 52-172, been made by the Plaintiff concerning the issues alleged in the Complaint?

(52) If the answer to the foregoing interrogatory is affirmative, state:

- (a) The date on which such entries, memoranda, and/or declarations were made;
- (b) The form of the entries, memoranda, and/or declarations (i.e., whether oral, written, made by recording device or recorded by a stenographer, etc.);
- (c) The substance or content of such entries, memoranda, and/or declarations;
- (d) The name and address of each person having custody or a copy or copies of the entries, memoranda, and/or declarations; and
- (e) The name and address of any witnesses to such entries, memoranda, and/or declarations.

Interrogatory #53 applies to cases involving a minor Plaintiff:

(53) If the minor Plaintiff attends or has attended a day care, preschool, school or camp on a regular basis from the time of the negligence alleged in the Complaint to the present time, state:

- (a) The name and address of the institution or facility;
- (b) The amount of time each day that the minor Plaintiff attended there; and,
- (c) The dates of attendance.

DEFENDANT,

BY _____

I, _____, hereby certify that I have reviewed the above interrogatories and responses thereto and that they are true and accurate to the best of my knowledge and belief.

(Plaintiff)

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public/
Commissioner of the Superior Court

CERTIFICATION

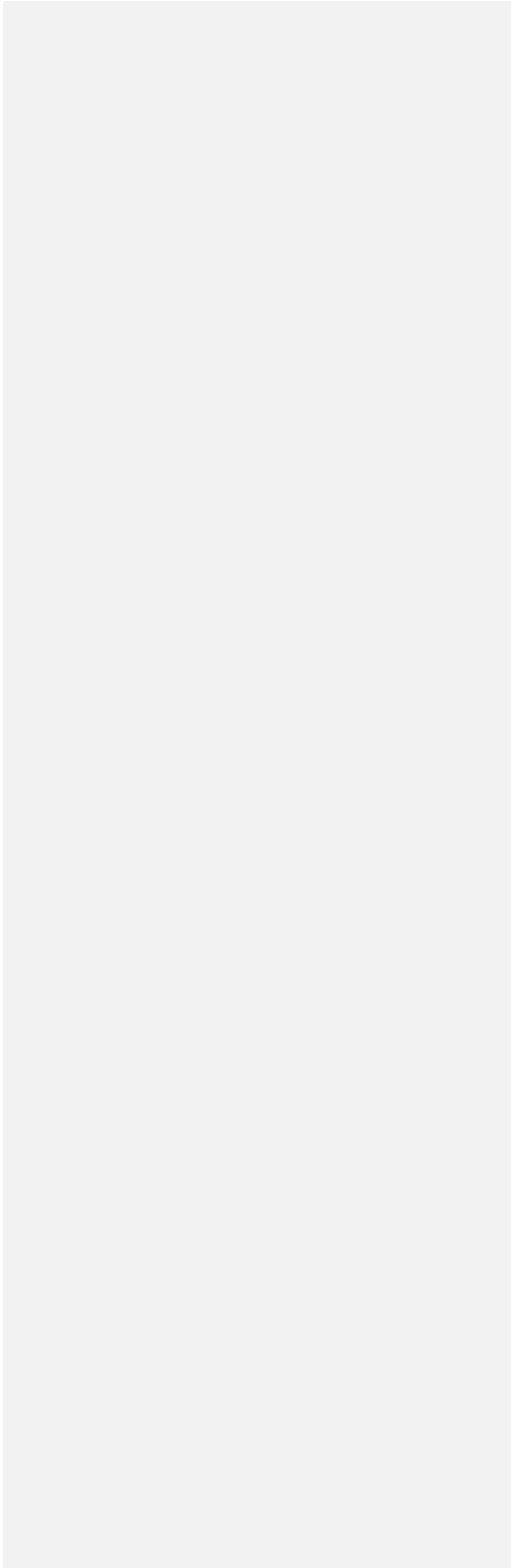
I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (signature of filer) Print or type name of person signing Date Signed

Mailing address (Number, street, town, state and zip code) and Email address, if applicable
Telephone number



Form XXX

Defendant's Request for Production
Medical Negligence

NO. CV - :SUPERIOR COURT
(Plaintiff) :JUDICIAL DISTRICT OF
VS. :AT
(Defendant) :DATE

The Defendant(s) hereby request(s) that the Plaintiff provide counsel for the Defendant(s) with copies of the documents described in the following requests for production, or afford counsel for said Defendant(s) the opportunity or, where requested, sufficient written authorization, to inspect, copy, photograph or otherwise reproduce said documents. The production of such documents, copies or written authorizations shall take place at the offices of _____ not later than sixty (60) days after the service of the Requests for Production.

In answering these production requests, the Plaintiff(s) are required to provide all information within their possession, custody or control. If any production request cannot be answered in full, answer to the extent possible.

- (1) All hospital records relating to treatment received as a result of the negligence alleged in the Complaint, and to injuries, diseases or defects to which reference is made in the answers to Interrogatories #6 and #24 (exclusive of any records relating to mental health injuries or conditions), or written authorization, sufficient to comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA), to inspect and make copies of the hospital records. Information obtained pursuant to the provisions of HIPAA, shall not be used or disclosed by the parties for any purpose other than the above captioned action.
- (2) All reports and records of all physicians and other health care providers relating to treatment allegedly received by the Plaintiff(s) as a result of the negligence alleged in the Complaint and to the injuries, diseases or defects to which reference is made in the answers to Interrogatories #7, #22, and #24 (exclusive of any records relating to mental health injuries or conditions) or written authorization, sufficient to comply with provisions of HIPAA, to inspect and make copies of said reports. Information obtained pursuant to the provisions of HIPAA shall not be used or disclosed by the parties for any purpose other than the above captioned action.
- (3) If a claim of impaired earning capacity or lost wages is being alleged, copies of, or sufficient written authorization to obtain copies of, that part of all income tax returns relating to lost income filed by the Plaintiff(s) for a period of three (3) years prior to the date of the negligence alleged in the Complaint and for all years subsequent to the date of the negligence alleged in the Complaint through the time of trial.

- (4) If a claim for lost wages or lost earning capacity is being made, copies of, or sufficient written authorization to inspect and make copies of, the wage and employment records of all employers of the Plaintiff(s) for three (3) years prior to the negligence alleged in the Complaint and for all years subsequent to the date of the negligence alleged in the Complaint.
- (5) A copy of any nonprivileged statement, as defined in Practice Book Section 13-1, of any party to this lawsuit concerning this action or its subject matter.
- (6) All medical bills that are claimed to have been incurred as a result of the negligence alleged in the Complaint or written authorization, sufficient to comply with the provisions of HIPAA, to inspect and make copies of said medical bills. Information obtained pursuant to the provisions of HIPAA shall not be used or disclosed by the parties for any purpose other than the above captioned action.
- (7) All bills for each item of expense that are claimed to have been incurred in the answer to Interrogatories #20 and #30, and not already provided in response to Production Request #6.
- (8) Copies of all documents pertaining to claims of right to reimbursement provided to the Plaintiff by third-party payers, and copies of, or written authorization, sufficient to comply with provisions of HIPAA, to obtain any and all documentation of payments made by a third party for medical services received or premiums paid to obtain such payment. Information obtained pursuant to the provisions of HIPAA shall not be used or disclosed by the parties for any purpose other than the above-captioned action.
- (9) All documents identified or referred to in the answers to Interrogatory #34 unless a claim of confidentiality has been stated.
- (10) Nonprivileged copies, whether in hard copies or electronic media, of any and all documentation referenced in Interrogatory #40.
- (11) A copy of each and every recording of surveillance material discoverable under Practice Book Section 13-3 (c), by film, photograph, videotape, audiotape or any other digital or electronic means, of any party to this lawsuit concerning this lawsuit or the subject matter thereof, including any transcript of such recording.
- (12) Copies of any and all documents and communications concerning any and all of your disability claim(s) with the issuing governmental office as set forth in Interrogatory #43, excluding any material which is claimed to be protected by attorney-client privilege or other applicable privilege. In addition, written authorization, in the form attached, permitting the undersigned to obtain a full and complete copy of Plaintiff's social security disability file.
- (13) Any and all photographs or recordings identified in response to Interrogatory #41.

Requests for Production #14 through #19 apply in wrongful death cases:

- (14) A copy of the probate appointment, identifying the Plaintiff as Administrator of the subject estate.
- (15) A copy of the death certificate.
- (16) A copy of any autopsy report and/or postmortem toxicology testing report.
- (17) Copies of declarations of the Plaintiff that your attorney intends to use at time of trial pursuant to General Statutes § 52-172.
- (18) Any documents, written or digital recordings, entries, memoranda, and/or transcripts of digital recordings offered pursuant to General Statutes § 52-174.
- (19) Copies copy of or an authorization to obtain the records referenced in Interrogatory #45.

Request for Production #20 applies to cases involving a minor Plaintiff:

- (20) Copies of ~~Written authorization in the form attached permitting the undersigned to obtain~~ all educational ~~reports~~ records, attendance records, nurses' records, and materials from each day care, preschool, school, or other educational institution the minor Plaintiff has attended (exclusive of any records relating to mental health injuries or conditions) for the last five years to the present ~~or written authorization in the form attached permitting the undersigned to inspect and make copies of said educational records.~~

DEFENDANT,

BY _____

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented

parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (signature of filer) Print or type name of person signing Date Signed

Mailing address (Number, street, town, state and zip code) and Email address, if applicable Telephone number

EDUCATION / SCHOOL RECORDS AUTHORIZATION

TO:

(Any educational institution, including any school, special education program, remedial education program, developmental program, including special treatment, teacher aides and assistance that has provided educational services to):

(insert name above)

I hereby authorize you to release copies of the records of _____
_____, including educational records to **[**defense firm name**]**, or its authorized representative. "Educational records" for purposes of this authorization shall include, but not be limited to, attendance records, medical records, occupational therapy records, nurses' notes, progress reports, teacher notes, report cards, achievement scores, evaluations, teacher progress notes, transcripts, social worker's records, and correspondence.

This authorization does not expire until expressly withdrawn by the undersigned.

A copy of this authorization is deemed as valid as the original.

Signature of patient or patient's representative Date

If a patient's representative signs this authorization, please complete the following:

Printed name of patient's representative:

Relationship to patient

DAY CARE / CHILD CARE / HOME CARE RECORDS AUTHORIZATION

TO:

(Any day care, child care, home care provider that has provided services to)

(insert name above)

I hereby authorize you to release copies of the records of _____,
including educational records to **[**defense firm name**]**, or its authorized representative.
"Records" for purposes of this authorization shall include, but not be limited to, attendance
records, medical records, occupational therapy records, nurses' notes, progress reports, teacher
notes, report cards, achievement scores, evaluations, teacher progress notes, transcripts, social
worker's records, and correspondence.

This authorization does not expire until expressly withdrawn by the undersigned.

A copy of this authorization is deemed as valid as the original.

Signature of patient or patient's representative

Date

If a patient's representative signs this authorization, please complete the following:

Printed name of patient's representative:

Relationship to patient

Form XXX

Plaintiff's Interrogatories
Medical Negligence—Health Care Provider

NO. CV - :SUPERIOR COURT
(Plaintiff) :JUDICIAL DISTRICT OF
VS. :AT
(Defendant) :DATE

The undersigned, on behalf of the Plaintiff(s), hereby propounds the following Interrogatories to be answered by the Defendant, _____ (Defendant Health Care Provider's Name), under oath, within sixty (60) days of the filing hereof in compliance with Practice Book Section 13-2.

Definition: "You" or "your" shall mean the Defendant to whom these interrogatories are directed, except that if that Defendant has been sued as the representative of the estate of a decedent, ward, or incapable person, "you" or "your" shall also refer to the Defendant's decedent, ward or incapable person unless the context of an interrogatory clearly indicates otherwise.

In answering these interrogatories, the Defendant(s) is (are) required to provide all information within their knowledge, possession or power. If an interrogatory has subparts, answer each subpart separately and in full and do not limit the answer to the interrogatory as a whole. If any interrogatories cannot be answered in full, answer to the extent possible.

(1) State the following:

- (a) Your full name and any other name(s) by which you have been known;
- (b) Your date of birth; and
- (c) Your business address.

(2) If the Defendant is deceased, state the date and place of death, whether an estate has been created, and the name and address of the Administrator or Executor thereof.

Unless the information requested is provided in your curriculum vitae, respond to Interrogatories #3 through #11:

(3) State the name of each college and graduate school you attended, the date of graduation, and each degree obtained, or provide your curriculum vitae including such information.

(4) State the name and address of each medical institution where you underwent post-graduate training (e.g., internship, residency, fellowship, or similar training), and the dates of attendance, or provide your curriculum vitae including such information.

(5) If you have been trained in a medical or surgical specialty, identify the specialty, the dates you practiced the specialty, and the name and address of each institution where you were trained, or provide your curriculum vitae including such information.

(6) If you have ever specialized in or limited your practice to a particular field or branch of medicine or surgery, for each specialized or limited practice, state the field or branch of medicine or surgery, the inclusive dates you so practiced, and each location where you so practiced in the past ten years, or

provide your curriculum vitae including such information.

- (7) If you have held any teaching positions, for each institution, state:
 - (a) The name and address of the institution;
 - (b) The inclusive dates of your association; and
 - (c) The title held in each position.
- (8) State the name and location of any hospital or medical facility at which you have or have had appointments and/or clinical privileges in the past ten years, and the dates you had such appointments or privileges.
- (9) Identify each medical book, paper, article, or other document that you have published, written, or contributed, and for each, state the title, whether you were an author, co-author, or contributor.
- (10) State the name of every jurisdiction in which you are or have been licensed as a health care provider.
- (11) State whether you are, or have ever been, a member of any medical or other health care provider association, society or organization, and if so, as to each such membership, state:
 - (a) The name and address of the medical or other health care provider association, society, or organization;
 - (b) The inclusive dates of your membership; and
 - (c) Whether you have ever held any office- and, if so, the title of the office and the dates you held such office.
- (12) With respect to any medical specialty board or other specialty board, for each board state, whether you were refused or granted certification, the reasons therefor, and, if granted certification, your title or rank (e.g., diplomate, fellow, member), and whether you still hold such certification, title, or rank.
- (13) During the past ten years have you ever had your privileges or application for privileges denied, revoked, restricted, suspended, or limited in any way at any hospital or medical facility?
- (14) Unless agency or another vicarious liability relationship is admitted to such co-defendant, Sstate whether at the time of the negligence alleged in the Complaint to the present you were an officer, shareholder, employee, member, partner, or otherwise affiliated with any entity or person involved in the care and treatment of the Plaintiff. If the answer is yes, describe the nature and time period of the affiliation.
- (15) During the ten years prior to the negligence alleged in the Complaint, have you ever had your application for a license denied, revoked, restricted, suspended, or limited in any way in any jurisdiction?
- (16) State the time period(s) of the physician-patient relationship, if any, you had with the Plaintiff.
- (17) With respect to the negligence alleged in the Complaint, did you ever consult with any physician or other health care provider regarding your diagnosis, care, or treatment of the Plaintiff that is not documented in the medical record? If so, identify the person consulted, his or her specialty, and the reason for the consultation.
- (18) Are you aware of any nonprivileged documents concerning consultations, care or treatment of the Plaintiff regarding the negligence alleged in the Complaint that are not contained in the medical records

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or hospital chart? If so, identify each document.

- (19) If you are covered by an insurance policy under which an insurer may be liable to satisfy part or all of a judgment or reimburse you for payments to satisfy part or all of a judgment relating to the negligence alleged in the Complaint, state the following:
- (a) The name(s) and address(es) of the insured(s);
 - (b) The amount of coverage under each insurance policy; and
 - (c) The name(s) and address(es) of said insurer(s).
- (20) If you are covered by an excess or umbrella insurance policy, or any other insurance policy relating to the negligence alleged in the Complaint, state:
- (a) The name(s) and address(es) of the named insured;
 - (b) The amount of effective coverage; and
 - (c) The name(s) and address(es) of the insurer(s).
- (21) As to each insurance policy identified in response to the preceding two interrogatories, state whether:
- (a) Any disclaimer or reservation of rights letter has been issued; and
 - (b) It is an eroding policy.
- (22) Pursuant to General Statutes § 19a-17b, were your staff privileges terminated or restricted by a medical review committee conducting a peer review with respect to the negligence alleged in the Complaint? If so, please disclose the specific restriction imposed, if any.
- (23) Have you or any entity or person been sued for medical negligence arising out of your conduct as a health care provider? If so, state the caption, venue and docket number of the lawsuit(s).
- (24) Have you made any statements, as defined in Practice Book Section 13-1, to any person regarding any of the allegations in the Complaint?

COMMENT:

Interrogatory #24 is intended to include party statements made to a representative of an insurance company prior to involvement of defense counsel.

- (25) If the answer to the previous interrogatory is affirmative, state:
- (a) The name and address of the person or persons to whom such statements were made;
 - (b) The date on which such statements were made;
 - (c) The form of the statement (i.e., whether written, made by recording device or recorded by a stenographer, etc.); and
 - (d) The name and address of each person having custody or a copy of each statement.
- (26) Other than those individuals referenced in the medical record, state the names and addresses of all persons known to you who were present at the time of the negligence alleged in the Complaint or who observed or witnessed all or part of the negligence alleged in the Complaint.
- (27) As to each individual named in response to the previous interrogatory, state whether, to your knowledge or the knowledge of your attorney, the individual(s) has given any statement or statements,

as defined in Practice Book Section 13-1, concerning the subject matter of the Complaint. If your answer to this interrogatory is affirmative, state:

- (a) The date on which the statement(s) were taken;
- (b) The names and addresses of the person(s) who took the statement(s);
- (c) The names and addresses of any person(s) present when the statement(s) taken;
- (d) Whether the statement(s) were written, made by recording device or taken by court reporter or stenographer;
- (e) The names and addresses of any person(s) that have custody or copies of the statement(s).

(28) State whether the Plaintiff was referred to you, and if so, identify the person or entity that made the referral and the date thereof.

(29) Did you create, use, or maintain any “electronic protected health information” (hereinafter “health information”), as defined in 45 C.F.R. § 160.103, during your treatment of Plaintiff?

(30) If the answer to the previous interrogatory is in the affirmative, list the names of any and all electronic “information system(s)” (hereinafter “EMR system(s)”), as defined in 45 C.F.R. § 164.304, that contain or previously contained the health information of the Plaintiff.

~~(31) Identify the medical provider(s), database manager(s), or other administrator(s) whose job responsibilities include performing queries of Defendant's audit database of EMR system(s) at the time this interrogatory is answered.~~

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(32) Identify surveillance material discoverable under Practice Book Section 13-3 (c), by stating the name and address of any person who obtained or prepared any and all recordings, by film, photograph, videotape, audiotape or any other digital or electronic means, of any party concerning this lawsuit or its subject matter, including any transcripts which are in your possession or control or in the possession or control of your attorney, and state the date on which each recording(s) was obtained and the person or persons of whom each such recording was made.

PLAINTIFF,

BY _____

I, _____, hereby certify that I have reviewed the above interrogatories and responses thereto and that they are true and accurate to the best of my knowledge and belief.

(Defendant)

Subscribed and sworn to before me this _____ day of _____, 20__

Notary Public/
Commissioner of the Superior Court

CERTIFICATION

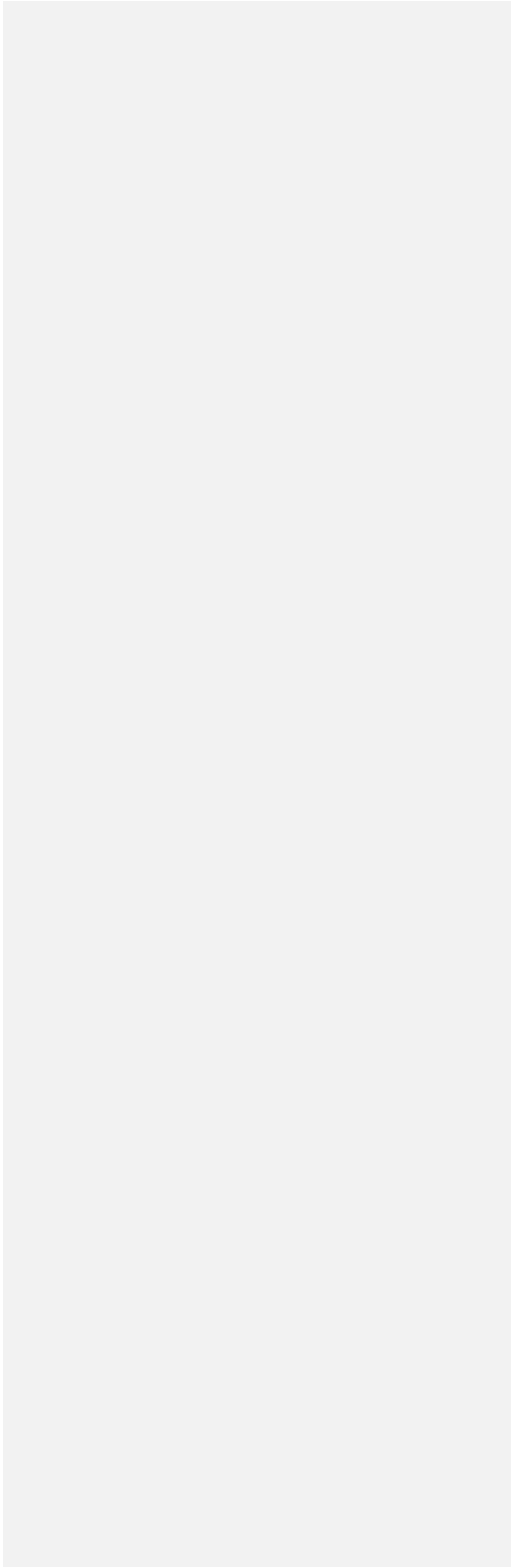
I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (signature of filer) Print or type name of person signing Date Signed

Mailing address (Number, street, town, state and zip code) or Email address, if applicable Telephone number



Form XXX

Plaintiff's Interrogatories
Medical Negligence—Hospital and/or Medical Group

NO. CV - :SUPERIOR COURT
(Plaintiff) :JUDICIAL DISTRICT OF
VS. :AT
(Defendant) :DATE

The undersigned, on behalf of the Plaintiff(s), hereby propounds the following Interrogatories to be answered by the Defendant, _____ (Defendant Hospital's Name), under oath, within sixty (60) days of the filing hereof in compliance with Practice Book Section 13-2.

Definition: "You" and "your" shall mean the Defendant, and its agents, servants, or employees to whom these interrogatories are directed.

In answering these interrogatories, the Defendant(s) is (are) required to provide all information within their knowledge, possession or power. If an interrogatory has subparts, answer each subpart separately and in full and do not limit the answer to the interrogatory as a whole. If any interrogatories cannot be answered in full, answer to the extent possible.

(1) State the following:

- (a) Your full name and any other name(s) by which you have been known; and
- (b) Your business address.

(2) If you are a business entity that has changed its name or status as a business entity (whether by dissolution, merger, acquisition, name change, or in any other manner) since the negligence alleged in the Complaint, state the date of the change, and describe the change.

(3) Unless agency or another vicarious liability relationship is admitted as to such co-defendant, State whether from the time of the negligence alleged in the Complaint to the present you were a shareholder, partner, or otherwise affiliated with any codefendant. If the answer is yes, describe the nature and time period of the affiliation.

(4) With respect to the negligence alleged in the Complaint, did you ever consult with any physician(s) or health care provider(s) regarding your diagnosis, care, or treatment that is not documented in the medical record? If so, identify the person(s) consulted and their specialty as well the reason for the consult.

(5) Are you aware of any nonprivileged documents concerning consultations, care or treatment regarding the negligence alleged in the Complaint that are not contained in the medical record or hospital chart? If so, identify each document.

(6) If you are covered by an insurance policy under which an insurer may be liable to satisfy part or all of a judgment or reimburse you for payments to satisfy part or all of a judgment relating to the negligence alleged in the Complaint, state the following:

- (a) The name(s) and address(es) of the insured(s);
- (b) The amount of coverage under each insurance policy; and

- (c) The name(s) and address(es) of said insurer(s).
- (7) If you are covered by excess or umbrella insurance or any other insurance relating to the negligence alleged in the Complaint, state:
- (a) The name(s) and address(es) of the named insured(s);
 - (b) The amount of coverage effective at this time; and
 - (c) The name(s) and address(es) of said insurer(s).
- (8) As to each insurance policy identified in response to the preceding two interrogatories, state whether:
- (a) Any disclaimer or reservation of rights letter has been issued; and
 - (b) It is an eroding policy.
- (9) Have you made any statements, as defined in Practice Book Section 13-1, to any person regarding any of the allegations in the Complaint?

COMMENT:

Interrogatory #9 is intended to include party statements made to a representative of an insurance company prior to involvement of defense counsel. This interrogatory is not intended to include attorney–client communications.

- (10) If the answer to the previous interrogatory is affirmative, state:
- (a) The name and address of the person(s) to whom the statement(s) were made;
 - (b) The date the statement(s) were made;
 - (c) The form of the statement(s) (i.e., whether written, made by recording device or recorded by a stenographer, etc.); and
 - (d) The name and address of the person(s) having custody or copies of the statement(s).
- (11) Other than those individuals referenced in the medical record, state the names and addresses of all persons known to you who were present at the time of the negligence alleged in the Complaint or who observed or witnessed all or part of the negligence alleged in the Complaint.
- (12) As to each individual named in response to the previous interrogatory, state whether to your knowledge, or the knowledge of your attorney, the individual(s) has given any statement(s) as defined in Practice Book Section 13-1, concerning the subject matter of the Complaint in this lawsuit. If your answer to this interrogatory is affirmative, state also:
- (a) The date on which the statement(s) were taken;
 - (b) The names and addresses of the person(s) who took the statement(s);
 - (c) The names and addresses of any person(s) present when the statement(s) were taken;
 - (d) Whether the statement(s) were written, made by recording device or taken by court reporter or stenographer; and
 - (e) The names and addresses of any person(s) having custody or copies of the statement(s).
- (13) Did you create, use, or maintain any “electronic protected health information” (hereinafter “health information”), as defined in 45 C.F.R. § 160.103, during the treatment of the Plaintiff?
- (14) If the answer to the previous interrogatory is in the affirmative, list the names and versions of any and all electronic “information system(s)” (hereinafter “EMR system(s)”), as defined in 45 C.F.R. §

164.304, that contain or previously contained the health information of the Plaintiff.

~~(15)~~ Identify the medical provider(s), database manager(s), or other administrator(s) whose job responsibilities include performing queries of your audit database of EMR system(s) at the time this interrogatory is answered.

~~(16)~~(15) Indicate whether you were accredited by the Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations [JCAHO]) during the time of the negligence alleged in the Complaint.

~~(17)~~(16) With respect to the negligence alleged in the Complaint, state whether you had any ~~written or unwritten protocols~~, manuals, directives, instructions, ~~and/or~~ guidelines, and/or written or unwritten protocols related to specific allegations of negligence in the Complaint that were in effect at the office, hospital, or other medical facility where the defendant physician or health care provider practiced at the time of the negligence alleged in the Complaint concerning:

- (a) Care, treatment, monitoring, evaluation, diagnosis, consultation or referral to others, ~~or the type(s) thereof~~, at the time of the event(s) that is(are) the subject of this litigation;
- (b) Training requirements and/or protocols for any physician or health care provider, including but not limited to medical staff, caring for, evaluating, diagnosing, consulting or referring patients either in the facility, department, or unit where the care, treatment, evaluation, diagnosis, consultation or referral to others at issue took place; and
- (c) Reporting and/or investigation of adverse events at the facility, department, or unit where the care, treatment, evaluation, diagnosis, consultation or referral to others at issue took place.

COMMENT:

There is no corresponding request for production to Interrogatory #17, but documents may be pursued by way of supplemental discovery.

~~(18)~~(17) Identify surveillance material discoverable under Practice Book Section 13-3 (c), by stating the name and address of any person who obtained or prepared any and all recordings, by film, photograph, videotape, audiotape or any other digital or electronic means, of any party concerning this lawsuit or its subject matter, including any transcript thereof which are in your possession or control or in the possession or control of your attorney, and state the date on which each such recordings were obtained and the person or persons of whom each such recording was made.

PLAINTIFF,

BY _____

I, _____, hereby certify that I have reviewed the above interrogatories and responses thereto and that they are true and accurate to the best of my knowledge and belief.

(Defendant)

Subscribed and sworn to before me this _____ day of _____, 20__

Notary Public/
Commissioner of the Superior Court

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will be immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (signature of filer) Print or type name of person signing Date Signed

Mailing address (Number, street, town, state and zip code) or Email address, if applicable Telephone number

Form XXX

Plaintiff's Requests for Production
Medical Negligence—Health Care Provider

NO. CV- : SUPERIOR COURT
(Plaintiff) : JUDICIAL DISTRICT OF
VS. : AT
(Defendant) : DATE

The Plaintiff(s) hereby request(s) that the Defendant _____
(Defendant Health Care Provider's Name) provide counsel for the Plaintiff(s) with copies of the documents described in the following requests for production, or afford counsel for said Plaintiff(s) the opportunity or, if necessary, sufficient written authorization, to inspect, copy, photograph or otherwise reproduce said documents. The production of such documents, copies or written authorizations shall take place at the offices of _____ on _____ (day), _____ (date) at _____ (time).

In answering these production requests, the Defendant(s) are required to provide all information within their possession, custody or control. If any production request cannot be answered in full, answer to the extent possible.

Definition: "You" and "your" shall mean the Defendant to whom these interrogatories are directed, except that if the Defendant has been sued as the representative of the estate of a decedent, ward, or incapable person, "you" shall also refer to the Defendant's decedent, ward or incapable person unless the context of an interrogatory clearly indicates otherwise.

~~(1) Your current curriculum vitae.~~

~~(2)(1) _____ All nonprivileged documents including but not limited to attorney-client, work product, and peer review, that you know of, possess, or have power to obtain, not subject to attorney-client or statutory privilege, concerning the Plaintiff's care, scheduling, appointments, treatment, evaluation, diagnosis, consultation or referral to others including but not limited to:~~

- (a) All documents normally maintained as part of a patient's designated health record;
- (b) Office management records including jackets, file covers, face sheets, transmittal documents for any requests for studies or consultations, and/or transportation records;
- (c) Nursing notes;
- (d) Hospital records;

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- (e) Laboratory records;
- (f) Testing records;
- (g) Radiology requisitions, reports, images/studies (lossless images), and audio recordings of radiology reviews;
- (h) Notes, sticky notes or written markings;
- (i) Pharmacy medication records;
- (j) Automated medication dispensing system records;
- (k) Any images/photographs taken during treatment or pathological examination;
- (l) Pathology reports;
- (m) Drafts and/or audio recordings of pathology reports;
- ~~(n) Quality improvement documents related to root cause analysis that are not part of the peer review process;~~
- ~~(o) Documents provided in connection with a peer review, other than those prepared as part of the peer review process;~~
- (p) Intradepartment transportation records;
- (q) Laboratory test results;
- (r) Documents and communications concerning the Plaintiff and the allegations in the Complaint; and
- (s) Investigations or reports concerning the incident that is the subject of this lawsuit.

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(2) Your current curriculum vitae.

- (3) Each document identified in response to Interrogatory #18
- (4) A copy of the declaration page(s) of each insurance policy identified in response to Interrogatories #19 and #20.
- (5) If the answer to Interrogatory #21 is in the affirmative, a copy of the complete policy contents of each insurance policy identified in response to Interrogatories #19 and #20.
- (6) Each nonprivileged statement identified in response to Interrogatories #25 and #27.
- (7) A copy of each and every recording of surveillance material discoverable under Practice Book Section 13-3 (c), by film, photograph, videotape, audiotape or any other digital or electronic means, of any party to this lawsuit concerning this lawsuit or the subject matter thereof, including any transcript of such recording.

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PLAINTIFF,

By _____

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (Signature of filer)

Print or type name of person signing

Date Signed

Mailing address (Number, street, town, state and zip code) or Email address, if applicable

Telephone number

Form XXX

Plaintiff's Requests for Production
Medical Negligence—Hospital/Medical Group

NO. CV-
(Plaintiff)
VS.
(Defendant)

:SUPERIOR COURT
:JUDICIAL DISTRICT OF
:AT
:DATE

The Plaintiff(s) hereby request(s) that the Defendant _____ (Defendant Hospital's Name) provide counsel for the Plaintiff(s) with copies of the documents described in the following requests for production, or afford counsel for said Plaintiff(s) the opportunity or, if necessary, sufficient written authorization, to inspect, copy, photograph or otherwise reproduce said documents. The production of such documents, copies or written authorizations shall take place at the offices of _____ on _____ (day), _____ (date) at _____ (time).

In answering these production requests, the Defendant(s) are required to provide all information within their possession, custody or control. If any production request cannot be answered in full, answer to the extent possible.

Definition: "You" and "your" shall mean the Defendant, and its agents, servants, or employees to whom these requests for production are directed.

- (1) All non-privileged documents, including but not limited to attorney-client, work product, and peer review, -that you know of, possess, or have power to obtain, ~~not subject to attorney-client or statutory privilege~~, concerning the Plaintiff's care, scheduling, appointments, treatment, evaluation, diagnosis, consultation or referral to others, including but not limited to:
- (a) All documents typically maintained as part of a patient's designated health record;
 - (b) Office management records including jackets, file covers, face sheets, transmittal documents for any requests for studies or consultations, and/or transportation records;
 - (c) Nursing notes;
 - (d) Hospital records;
 - (e) Laboratory records;
 - (f) Testing records;
 - (g) Radiology requisitions, reports, images/studies (lossless images), and audio recordings of radiology reviews;
 - (h) Notes, sticky notes or written markings;
 - (i) Pharmacy medication records;
 - (j) Automated medication dispensing system records;

- (k) Any images/photographs taken during treatment or pathological examination;
- (l) Pathology reports;
- (m) Drafts and/or audio recordings of pathology reports;
- (n) Quality improvement documents related to root cause analysis ~~that are not part of the peer review process;~~
- (o) Documents provided in connection with a peer review, ~~other than those prepared as part of the peer review process;~~
- (p) Intradepartment transportation records;
- (q) Laboratory test results;
- (r) Documents and communications concerning the subject matter of the Complaint; and
- (s) Investigations or reports concerning the Plaintiff and the allegations in the Complaint.

- (2) Each document identified in response to Interrogatory # 5 .
- (3) A copy of the declaration page(s) of each insurance policy identified in response to Interrogatories #6 and #7.
- (4) If the answer to Interrogatory #8 is in the affirmative, a copy of the complete policy contents of each insurance policy identified in response to Interrogatories #6 and #7.
- (5) Each non-privileged statement identified in response to Interrogatories #10 and #12.
- (6) A copy of each and every recording of surveillance material discoverable under Practice Book Section 13-3-(c), by film, photograph, videotape, audiotape or any other digital or electronic means, of any party to this lawsuit concerning this lawsuit or the subject matter thereof, including any transcript of such recording.

PLAINTIFF,

By _____

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (Signature of filer)

Print or type name of person signing

Date Signed

Mailing address (Number, street, town, state and zip code) or Email address, if applicable

Telephone number