

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. In all actions for medical negligence [actions in which an opinion letter must be filed pursuant to General Statutes section 52-190(a)], the parties shall commence discovery by serving the interrogatories set forth in Forms XXX, XXY, XXZ of the rules of practice; each party shall then have the right to serve _____ additional interrogatories, which shall not be duplicative of the interrogatories set forth in Forms XXX, XXY, XXZ without leave of the judicial authority; and may seek leave of the judicial authority to serve additional interrogatories as necessary in the particular case. 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 of the rules of practice is not limited.

(c) The standard interrogatories 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.

(d) In lieu of serving the interrogatories set forth in Forms 201, 202, 203, 208, 210, 212, 213, 214, XXX, XXY and/or XXZ 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.

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

(f) 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

(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) 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) 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 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) 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 of the rules of practice is not limited.

(e) 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.

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

(g) 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) 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 of the rules of practice apply.

DOCKET NO.	:	SUPERIOR COURT
	:	
PLAINTIFF NAME	:	JUDICIAL DISTRICT OF
	:	
	:	DISTRICT NAME
	:	
v.	:	
	:	
DEFENDANT NAME	:	DATE

FORM XXX
PLAINTIFF'S INTERROGATORIES
DIRECTED TO DEFENDANT [DEFENDANT HEALTH CARE PROVIDER'S NAME]

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. The defendant is reminded that, pursuant to Practice Book Section 13-15, (s)he has a continuing duty to disclose and thus is required to supplement his/her responses upon the discovery of additional or new material or information.

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.

Definitions: The terms used herein shall have the meanings ascribed to them in Practice Book Section 13-1 unless the context of an interrogatory clearly indicates otherwise.

INTERROGATORIES

1. Identify yourself and indicate any other name by which you have been known and the date and place of your birth.

ANSWER:

2. State the name of each college and graduate school you attended, the date of graduation, and each degree obtained, or provide your CV including such information.

ANSWER:

3. State the name and address of each medical institution where you interned, the date the internship commenced, and the date of completion or termination, or provide your CV including such information.

ANSWER:

4. State the name and address of each medical institution in which you were a resident, and, for each residency, state the specialty or branch of medicine, the period of time spent in each department, and the date of completion or termination, or provide your CV including such information.

ANSWER:

5. State the name and address of each institution where you completed any other post-graduate training, the nature of the training, the degree, certificate, or title received, if any, and the date of completion, or provide your CV including such information.

ANSWER:

6. State whether you have had training in a medical or surgical specialty, identify the specialty, state the dates you have practiced the specialty, the name and address of each

institution where you were trained, and the inclusive dates of each training, or provide your CV including such information.

ANSWER:

7. State whether in your medical career, have you at any time specialized in or limited your practice to a particular field or branch of medicine or surgery and, if so, for each specialized or limited practice, state the field or branch of medicine or surgery, the inclusive dates you have so practiced, and the address of each place where you so practiced. Alternatively, provide your CV including such information.

ANSWER:

8. Have you at any time attempted to obtain certification by any medical specialty board or other specialty board? If so, state each such board, , whether you were refused or granted such certification, the reasons therefor, and, if granted such certification, your title or rank (*e.g.*, diplomate, fellow, member), and whether you still hold such certification, title, or rank.

ANSWER:

9. State whether you at any time been associated with or connected in a teaching capacity with any medical institutions? If so, 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.

Alternatively, provide your CV including such information.

ANSWER:

10. State the name and address of any hospital or medical facility at which you have attempted to obtain full staff membership or privileges in the past ten (10) years and:

a. for each attempt that was successful, the dates during which you held full staff membership or privileges and, if not continuous, the dates of any interruption, the reason(s) for the interruption and the nature of your staff membership or privileges during that time; and

b. for each attempt that was unsuccessful, the reason(s) therefor. **ANSWER:**

11. State whether you were, during the time you provided care and treatment to the plaintiff/decedent, associated as an officer, shareholder, agent, employee, member, partner, or in another capacity, in any business entity, partnership, or joint venture, with any other licensed health care provider, including but not limited to any professional association you had with any co-defendant. If so, identify each person with whom you were so associated, state the nature of the association, and state whether you remain so associated.

ANSWER:

12. Identify each medical book, paper, article, or other document that you have published, written, or to which you have contributed, and for each, state the title or subject matter, whether you were an author, co-author, or contributor, or provide your CV including such information.

ANSWER:

13. State the name of every jurisdiction in which you are or have ever attempted to be licensed as a health care provider and state:

a. each type of license sought (*e.g.*, medicine, chiropractic, nursing, etc.) from each jurisdiction;

b. for each attempt that was successful, the dates during which you held an unrestricted license and, if not continuous, the dates of the interruption, the reason(s) for the interruption and the status of your license during that time; and

c. for each attempt that was unsuccessful, the reason(s) therefor.

ANSWER:

14. 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;

d. whether you have ever held any office therein and, if so, the title of the office and the inclusive dates you have held such office.

Alternatively, provide your CV including such information.

ANSWER:

15. At the time of the incident complained of, did the relationship of health care provider and patient (*e.g.*, physician-patient, etc.) exist between you and the plaintiff/decedent? If so, provide the dates of the provider-patient relationship between you and the plaintiff/decedent. If not, state the basis for your denial of a provider-patient relationship.

ANSWER:

16. Did you maintain any non-privileged documents concerning consultations, care or treatment that you conducted or rendered to the plaintiff/decedent separate and apart from the documents contained in the medical record or hospital chart? If so, identify each document.

ANSWER:

17. During your course of care or treatment of the plaintiff/decedent, did you ever consult with any other licensed health care provider regarding your diagnosis, care, or treatment that is not documented in the medical record? If so, identify the person consulted and their speciality as well the reason for said consult.

ANSWER:

18. If your answer to the preceding interrogatory is in the affirmative, identify each document created in connection with each event identified.

ANSWER:

19. State the name of your professional liability insurance carrier¹ at the time of the occurrence alleged in the Complaint and the policy's number, effective dates, expiration date, and limits of liability coverage for professional negligence.

ANSWER:

¹ For purposes of these interrogatories "professional liability insurance carrier" shall include insurance carriers, risk retention groups, captive insurance carriers and/or any entity that provides coverage for the claims made in this case and/or will potentially be available to pay any loss suffered by the defendant in this matter.

20. State whether any other professional liability insurance carrier affords you coverage or indemnifies you for the acts or omissions claimed in the Complaint. If so, state the name of the insurance carrier, the type of insurance (excess, secondary, etc.), and each policy's number, effective date, expiration date, and limits of liability coverage for professional negligence.

ANSWER:

21. As to each policy identified in response to the preceding interrogatory, state whether:
- a. any disclaimer or reservation of rights letter has been issued; and
 - b. it is a defense within limits policy.

ANSWER:

22. State whether a medical review committee, as defined in Conn. Gen. Stat. § 19a-17b, conducting a peer review, as defined in Conn. Gen. Stat. § 19a-17b, was held with respect to the care and treatment of the plaintiff.

ANSWER:

23. State the caption, venue, and docket number of each lawsuit that has been brought against you or against another based on your conduct arising out of your practice as a licensed health care provider, the basis of the lawsuit, and whether any insurer has ever made any payment to any claimant in any such lawsuit.

ANSWER:

24. Identify each non-privileged statement, that you know of, possess, or have power to obtain, of any person concerning the care and treatment of the plaintiff/decedent relating to any illness or condition which is complained of in this action.

ANSWER:

25. Identify each person, including but not limited to parties to this action, that you claim caused or contributed to the plaintiff/decedent's injury/ies and identify each act or event so causing or contributing.

ANSWER:

26. Identify all written or unwritten protocols, policies, manuals, directives, instructions, and/or guidelines that were in effect at the office, hospital, or other medical facility where the defendant practiced at the time of the event(s) that is(are) at the subject of this litigation or within two years thereof, concerning:

a. care, treatment, 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. monitoring or treatment of patients at the facility, department, or unit where the care, treatment, evaluation, diagnosis, consultation or referral to others at issue took place;

d. training requirements and/or protocols for any licensed 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

e. 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.

f. practices, procedures, and protocols in effect in the hospital department(s) in which you rendered care to the plaintiff.

ANSWER:

27. State whether the plaintiff was referred to you. If the plaintiff was referred to you, state by whom and when.

ANSWER:

28. State whether your name, photograph, and/or contact information appeared in any advertisement, website, or other documentary or on-line source created, maintained or controlled by any medical facility, hospital and/or group practice where treatment to the plaintiff or the plaintiff's decedent was rendered by you. The time frame of this request is for materials which existed two years prior to the first date you rendered care to the plaintiff or the plaintiff's decedent until two years after the last date you rendered such care as alleged in the operative complaint in this action.

ANSWER:

29. Did Defendant create, use, or maintain any "electronic protected health information" [hereinafter "health information"], as defined in 45 C.F.R. § 160.103, during Defendant's treatment of Plaintiff?

ANSWER:

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 Plaintiff.

ANSWER:

31. Identify the medical provider(s), database manager(s), or other administrator(s) whose current job responsibilities include performing queries of defendant’s audit database of EMR system(s).

ANSWER:

32. Did defendant accept Medicare payment (for care rendered to any patient) at any time during the course of plaintiff’s care?

ANSWER:

33. Has defendant attested to meaningful use and/or accepted incentive payments for meeting meaningful use objectives under Medicare and Medicaid HER Incentive Programs?

ANSWER:

34. FOR HOSPITAL DEFENDANTS ONLY: Indicate whether defendant was accredited by the Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations [JCAHO]) during any time when plaintiff was a patient at [Defendant] Hospital.

ANSWER:

35. Does defendant's EMR system(s) offer integrated portal for third parties to review patient's medical record in native format (i.e. as medical record would appear to medical providers at defendant health center)?

ANSWER:

36. If the answer to the previous interrogatory is in the affirmative, please produce via internet link and/or CD/USB drive.

ANSWER:

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 to all parties who have not appeared in this matter and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

[Name and address of each party and attorney that copy was or will immediately be ailed or delivered to.]

Signed (signature of filer)

[Name of Person signing, date signed, mailing address (number, street, town, state and zip code), telephone number, and e-mail address, if applicable]

STATE OF CONNECTICUT)
) SS: [NAME OF TOWN]
COUNTY OF [COUNTY NAME])

I, [NAME OF DEFENDANT HEALTH CARE PROVIDER], 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.

[NAME OF DEFENDANT
HEALTH CARE PROVIDER]

Subscribed and sworn to before me this day of [DATE], [YEAR].

Notary Public/ Commissioner of the Superior Court

DOCKET NO.	:	SUPERIOR COURT
	:	
PLAINTIFF NAME	:	JUDICIAL DISTRICT OF
	:	
	:	DISTRICT NAME
	:	
v.	:	
	:	
DEFENDANT NAME	:	DATE

FORM XXY
PLAINTIFF'S REQUESTS FOR PRODUCTION DIRECTED TO DEFENDANT
[DEFENDANT HEALTH CARE PROVIDER'S NAME]

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 [PLAINTIFF'S COUNSEL] not later than sixty (60) days after the service of the Requests for Production.

In answering these production requests, the Defendant is required to provide all information within its possession, custody or control. If any production request cannot be answered in full, answer to the extent possible. Nothing in these Requests for Production shall prejudice the ability of the Plaintiff(s) to make requests for inspection of physical items, to request native versions of documents as necessary, or to request metadata, audit trails, and audit encounter logs concerning particular portions of the medical record. A HIPAA compliant authorization is attached hereto.

DEFINITIONS: The terms used herein shall have the meanings ascribed to them in Practice Book Section 13-1 unless the context of an interrogatory clearly indicates otherwise.

REQUESTS FOR PRODUCTION

1. If you have chosen to provide your CV in lieu of answering Interrogatories Nos. 2, 3, 4, 5, 6, 7, or 8, your curriculum vitae including the information indicated.

RESPONSE:

2. All documents that you know of, possess, or have power to obtain, not subject to attorney-client or statutory privilege, concerning the plaintiff/decedent and/or concerning any of the plaintiff/decedent's care, treatment, evaluation, diagnosis, consultation or referral to others, including but not limited to:

- a. all documents normally maintained as part of a patient's chart;
- b. office records;
- c. nursing notes;
- d. hospital records;
- e. laboratory records;
- f. radiology reports and images/studies (lossless images);
- g. radiology requisitions;
- h. audio recordings of radiology reviews;
- i. jackets/file covers/face sheets/transmittal documents for any requests for studies or consultations;
- j. notes, post-its, or written markings;
- k. pharmacy medication records;
- l. automated medication dispensing system records;
- m. pathology slides (*e.g.*, electron microscopy photographs/images);
- n. pathology reports, with permission, upon review of such pathology reports, to be entitled to receive any cuts of the relevant pathology samples;
- o. draft pathology reports;
- p. audio recordings of pathology reviews;
- q. itemized billing records;
- r. patient census documents;
- s. infection control documents/records;
- t. quality improvement documents;
- u. documents provided in connection with a peer review, other than those prepared during the peer review process;
- v. inter-facility transportation records;
- w. intra-department transportation records;
- x. laboratory test results;

- y. billing records;
- z. administrative documents;
- aa. communications, including but not limited to e-mails or other electronic communications, telephone messages, letters, and/or facsimile transmissions; and
- bb. investigations or reports concerning the incident that is the subject of this lawsuit.

RESPONSE:

3. Each document setting forth the terms of each association listed in response to Interrogatory No. 11.

RESPONSE:

4. Each document identified in response to Interrogatory No. 12, or listed on your CV, concerning the type of care, treatment, evaluation, diagnosis, consultation or referral at issue in this litigation.

RESPONSE:

5. Each documents identified in response to Interrogatory Nos. 16 and 18.

RESPONSE:

6. For each insurance policy listed in response to Interrogatory Nos. 19 and/or 20, each contract of insurance and a declarations page.

RESPONSE:

7. Each non-privileged statement identified in response to Interrogatory No. 24.

RESPONSE:

8. Each written or unwritten protocol, policy, manual, directive, instruction, and/or guideline identified in response to Interrogatory No. 26.

RESPONSE:

9. Each non-privileged statement of any party in this lawsuit concerning this action or its subject matter.

RESPONSE:

10. Each statement by any witness to the events concerning this action or its subject matter, including but not limited to each document reflecting such statement.

RESPONSE:

11. Each non-privileged document concerning each action taken against any of your practice privileges, memberships, or licenses to practice any licensed health care profession, including but not limited to medicine.

RESPONSE:

12. Each document concerning the proceedings of a medical review committee, as defined in Conn. Gen. Stat. § 19a-17b, conducting a peer review, as defined in Conn. Gen. Stat. § 19a-17b, recorded independently of such proceeding.

RESPONSE:

13. And documents concerning the use of your name, photograph, and/or contact information appearing in any advertisement, website, or other documentary or on-line source

created, maintained or controlled by any medical facility, hospital and/or group practice where treatment to the plaintiff or the plaintiff's decedent was rendered by you. The time frame of this request is for materials which existed two years prior to the first date you rendered care to the plaintiff or the plaintiff's decedent until two years after the last date you rendered such care as alleged in the operative complaint in this action.

RESPONSE:

14. Provide a copy of any and all data dictionaries for each EMR system(s) identified in the Interrogatory No. 30.

RESPONSE:

15. Provide a copy of all policies and procedures governing HIPAA Compliance.

RESPONSE:

16. Provide a copy of all policies and procedures governing Data Security.

RESPONSE:

17. Provide a copy of all policies and procedures governing implementing, maintaining, updating, fixing, and utilizing any and all EMR system(s).

RESPONSE:

18. Provide a copy of all policies and procedures for implementing, maintain, updating, fixing, and utilizing any and all EMR system(s) audit trails, including but not limited to any and all standardized request procedure(s) and/or sample form(s) for requesting audit trail data (whether intended for hospital personnel or third party use).

RESPONSE:

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 to all parties who have not appeared in this matter and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

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

Signed (*Signature of filer* _____)

Print or type name of person signing

Mailing address or E-mail address, if applicable

Telephone number