

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X

JODI-ANN A. PUSEY,

Plaintiff,

INDEX NO.: 21668/17

-against-

**NOTICE OF MEDICAL
MALPRACTICE ACTION**

PLANNED PARENTHOOD OF NEW YORK
CITY, INC.,

Defendant.

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PLEASE TAKE NOTICE, that the above action for medical malpractice was commenced by purchase of an index number and filing of the Summons and Verified Complaint on March 1, 2017.

Defendant, PLANNED PARENTHOOD OF NEW YORK CITY, INC., was served on April 13, 2017, 2017. Issue was joined thereon by May 25, 2017 and that the action has not been dismissed, settled or otherwise terminated.

1. Full name, address and age of each plaintiff:

JODI-ANN A. PUSEY
90-35 Van Wyck Expressway, Apt. 405
Jamaica, New York 11435
Date of Birth: 9/19/1987

2. Full name, address and alleged medical specialty of each defendant:

Name	Address	Specialty
Planned Parenthood of New York City, Inc.	123 William Street New York, New York 10038	Medical and Gynecological Clinic

3. **Claim is for:** Medical Malpractice.

4. **Date and place claim arose:** This claim arose during the period of time that plaintiff, JODI-ANN A. PUSEY, was under the care, treatment and management of the defendants herein, which period commenced on or about April 26, 2016.

5. **Substance of claim:** In performing surgery in a negligent manner; in negligently perforating the uterus; in negligently lacerating, traumatizing and injuring the left uterine artery; and in negligently causing massive hemorrhage and shock.

6. **Following items must be check:**

- a. Proof is attached that authorizations to obtain medical and hospital records have been served upon the defendants in the action; or
 Demand has not been made for such authorizations.
- b. Copies of summons, notice of appearance, all pleadings, certificate of merit, if required, and the bill of particulars, if served, are attached.
- c. Copy of any demand for arbitration, election of arbitration or concession of liability is attached here to or

- d. All information required by C.P.L.R. 3101(d)(1)(i) is attached or
 a request for such information has not been made or
 such information is not available.

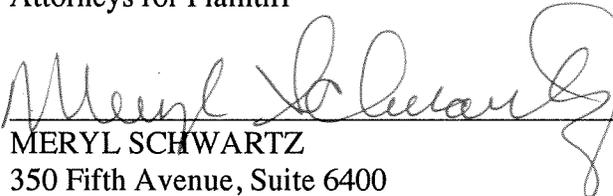
7. Names, addresses and telephone numbers of counsel for all parties:

JONATHAN C. REITER LAW FIRM, PLLC
Attorneys for Plaintiff
350 Fifth Avenue, Suite 6400
New York, New York 10118
(212) 736-0979

McALOON & FRIEDMAN, P.C.
Attorneys for Defendant
123 William Avenue
New York, New York 10038
(212) 732-8700

Dated: New York, New York
July 19, 2017

JONATHAN C. REITER LAW FIRM, PLLC
Attorneys for Plaintiff



MERYL SCHWARTZ
350 Fifth Avenue, Suite 6400
New York, New York 10118
(212) 736-0979

TO: McALOON & FRIEDMAN, P.C.
Attorneys for Defendant, DAVID H. LEE, M.D.
123 William Avenue
New York, New York 10038
(212) 732-8700

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X

JODI-ANN A. PUSEY,

Plaintiff,

- against -

INDEX NO.:
DATE FILED:

SUMMONS

PLANNED PARENTHOOD OF NEW YORK
CITY, INC., PLANNED PARENTHOOD
FEDERATION OF AMERICA, INC.,
SONDRA B. DANTZIC, M.D. and
BERNADETTE G. KANE, C.N.M.,

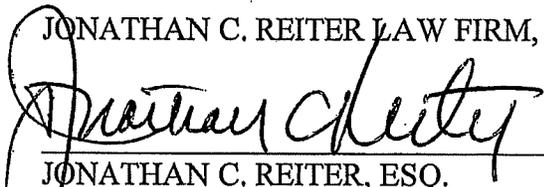
Defendants.

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To the above named defendants:

YOU ARE HEREBY SUMMONED to answer the complaint in this action and to serve a copy of your answer on the Plaintiffs' Attorney within 20 days after the service of this summons, exclusive of the day of service, or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York and in case of your failure to appear or answer, judgment will be taken by default for the relief demanded in the complaint.

Plaintiffs designate BRONX County as the place of trial. The basis of venue is Plaintiff's residence. Plaintiff resides at 1030 Boynton Avenue, Bronx, New York 10472.

JONATHAN C. REITER LAW FIRM, PLLC
By: 
JONATHAN C. REITER, ESQ.
Attorneys for Plaintiffs
350 Fifth Avenue, Suite 6400
New York, New York 10118
(212) 736-0979

Defendants' addresses

PLANNED PARENTHOOD NEW YORK CITY, INC.
123 William Street
New York, New York 10038

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.
123 William Street
New York, New York 10038

SONDRA B. DANTZIC, M.D.
Margaret Sanger Center
26 Bleecker Street
New York, New York 10012

BERNADETTE G. KANE, C.N.M.
Margaret Sanger Center
26 Bleecker Street
New York, New York 10012

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

.....X
JODI-ANN A. PUSEY,

Index No.

Plaintiff,

Against

VERIFIED
COMPLAINT

PLANNED PARENTHOOD OF NEW YORK CITY, INC,
PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., SONDR A B. DANTZIC, M.D., and
BERNADETTE G. KANE, C.N.M.,

Defendants.

.....X

Plaintiff, by her attorneys, the JONATHAN C. REITER LAW FIRM, PLLC,
complaining of the defendants respectfully alleges as follows:

1. Plaintiff is a resident of the County of Bronx, City and State of New York.
2. Upon information and belief, the defendant, PLANNED PARENTHOOD OF NEW YORK CITY, INC., is a domestic not-for-profit corporation organized and existing under the laws of the State of New York with its principal place of business at 123 William Street, New York, New York 10038.
3. Upon information and belief, the defendant, PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., is a domestic not-for-profit corporation organized and existing under the laws of the State of New York with its principal place of business at 123 William Street, New York, New York 10038 (PLANNED PARENTHOOD OF NEW YORK CITY, INC., and PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., hereinafter collectively referred to as "PLANNED PARENTHOOD").

4. Upon information and belief, PLANNED PARENTHOOD owns, operates, staffs, maintains and controls a medical and gynecological clinic called the Margaret Sanger Center at 26 Bleecker Street, New York, New York 10012. (hereinafter "the CLINIC").

5. Upon information and belief, the defendant, SONDR A. DANTZIC, M.D., is a physician and specialist in obstetrics and gynecology licensed to practice in the State of New York having her principal office at the CLINIC.

6. Upon information and belief, the defendant, BERNADETTE G. KANE, C.N.M., is a certified nurse midwife licensed to practice in the State of New York having her principal office at the CLINIC.

AS AND FOR A FIRST CAUSE OF ACTION

7. That heretofore and on or about April 20, 2016, and prior thereto, the defendant PLANNED PARENTHOOD had undertaken to render certain medical and gynecological diagnosis, treatment, advice, care, services and surgery to the plaintiff.

8. That on or about April 26, 2016, the plaintiff underwent surgery for a termination of pregnancy and insertion of an intra-uterine device at the CLINIC.

9. Upon information and belief, the aforesaid surgery for termination of pregnancy and insertion of an intra-uterine device was principally performed by defendant BERNADETTE G. KANE, C.N.M.

10. Alternatively, upon information and belief, the aforesaid surgery for termination of pregnancy and insertion of an intra-uterine device was principally performed by defendant SONDR A. DANTZIC, M.D.

11. Upon information and belief, the defendants, BERNADETTE G. KANE, C.N.M. and SONDRA DANTZIC, M.D. performed the aforesaid surgery for termination of pregnancy and insertion of an intra-uterine device.

12. That in rendering medical, surgical and gynecological care to the plaintiff, the defendant BERNADETTE G. KANE, C.N.M. was acting on her own behalf, and as an agent, servant and/or employee of the defendant, PLANNED PARENTHOOD, acting within the course and scope of her employment and/or agency, express, implied and/or apparent.

13. That in rendering medical, surgical and gynecological care to the plaintiff, the defendant SONDRA B. DANTZIC, M.D., was acting on her own behalf, and as an agent, servant and/or employee of the defendant, PLANNED PARENTHOOD, acting within the course and scope of her employment and/or agency, express, implied and/or apparent.

14. That the medical, gynecological and surgical care and treatment rendered by the defendants to the plaintiff was done negligently, and departed from accepted standards of care proximately resulting in injury to the plaintiff.

15. That the defendants PLANNED PARENTHOOD, SONDRA B. DANTZIC, M.D., and BERNADETTE G. KANE, C.N.M., their agents, servants and employees, were negligent and committed malpractice in performing surgery in a negligent manner; in negligently perforating the uterus; in negligently lacerating, traumatizing and injuring the left uterine artery; in negligently causing massive hemorrhage and shock; in rendering negligent post-operative monitoring, care and treatment; in failing to exercise proper supervision; in being responsible under the doctrine of *respondeat superior* for the negligent acts and omissions of agents, servants and employees, including but not limited

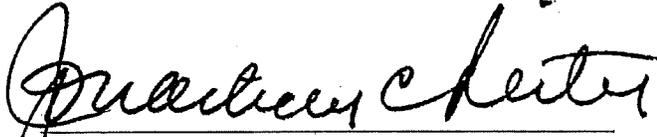
to the named individual defendants and in otherwise being negligent and committing malpractice.

16. That by reason of the foregoing, the plaintiff was proximately caused to sustain severe and permanent personal injuries, pain, suffering, loss of enjoyment of life, mental anguish, cosmetic disfigurement, economic and pecuniary damages.

17. By reason of the foregoing, plaintiff demands all damages permitted by law.

Wherefore, plaintiff JODI-ANN A. PUSEY demands judgment against the defendants, PLANNED PARENTHOOD OF NEW YORK CITY, INC., PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., SONDR A. DANTZIC, M.D., and BERNADETTE G. KANE, C.N.M., and each of them in an amount that exceeds the jurisdiction of all lower courts, together with interest, costs and disbursements.

JONATHAN C. REITER LAW FIRM, PLLC

By: 
JONATHAN C. REITER
Attorneys for Plaintiff(s)
350 Fifth Avenue, Suite 6400
New York, New York 10118
212-736-0979

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
JODI-ANN A. PUSEY,

INDEX NO.:

Plaintiff,

- against -

CERTIFICATE OF MERIT

PLANNED PARENTHOOD OF NEW YORK
CITY, INC., PLANNED PARENTHOOD
FEDERATION OF AMERICA, INC.,
SONDRA B. DANTZIC, M.D. and
BERNADETTE G. KANE, C.N.M.,

Defendants.

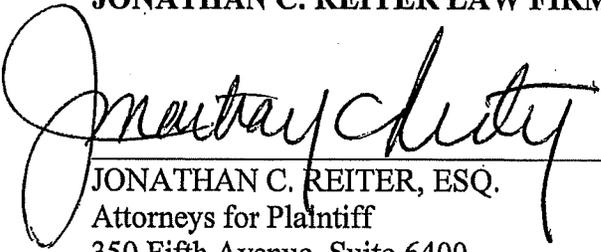
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JONATHAN C. REITER, an attorney duly admitted to practice in the State of New York, certifies the following pursuant to section 3012-a of the CPLR:

I have reviewed the facts of this case and have consulted with at least one physician who is licensed to practice in this State or any other State whom I reasonably believe is knowledgeable in the relevant issues involved in this particular action and that I have concluded on the basis of such review and consultation that there is a reasonable basis for the commencement of this action.

Dated: New York, New York
February 27, 2017

JONATHAN C. REITER LAW FIRM, PLLC



JONATHAN C. REITER, ESQ.
Attorneys for Plaintiff
350 Fifth Avenue, Suite 6400
New York, New York 10118
(212) 736-0979

VERIFICATION

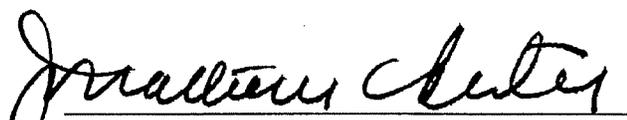
JONATHAN C. REITER, an attorney at law, duly admitted to practice in the Courts of this State, affirms under the penalties of perjury that:

I am a member of the JONATHAN C. REITER LAW FIRM, PLLC, attorneys for the plaintiff in the above-entitled action. That I has read the foregoing SUMMONS AND COMPLAINT and knows the contents thereof, and upon information and belief, deponent believes the matters alleged therein to be true.

The reason this Verification is made by deponent and not by the plaintiff is that the plaintiff herein is not within the County where plaintiffs' attorneys maintain their office.

The source of deponent's information and the grounds of this belief are records, communications, papers, reports and investigations contained in the file.

Dated New York, New York
February 27, 2017



JONATHAN C. REITER

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X

JODI-ANN A. PUSEY,

INDEX NO.:

Plaintiff,

- against -

CERTIFICATE OF MERIT

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., SONDR A B. DANTZIC, M.D. and
BERNADETTE G. KANE, C.N.M.,

Defendants.

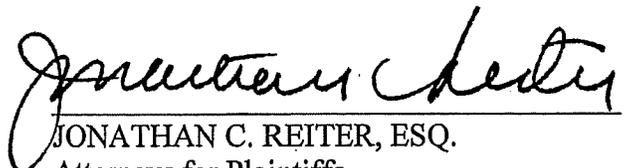
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JONATHAN C. REITER, an attorney duly admitted to practice in the State of New
York, certifies the following pursuant to section 3012-a of the CPLR:

I have reviewed the facts of this case and have consulted with at least one physician who is
licensed to practice in this State or any other State whom I reasonably believe is knowledgeable in
the relevant issues involved in this particular action and that I have concluded on the basis of such
review and consultation that there is a reasonable basis for the commencement of this action.

Dated: New York, New York
February 27, 2017

JONATHAN C. REITER LAW FIRM , PLLC



JONATHAN C. REITER, ESQ.
Attorneys for Plaintiffs
350 Fifth Avenue, Suite 2811
New York, New York 10118
(212) 736-0979

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

JODI-ANN A. PUSEY,

Index No.: 21668/2017E

Plaintiff,

-against-

**STIPULATION OF
DISCONTINUANCE
AND TO AMEND
CAPTION**

PLANNED PARENTHOOD OF NEW YORK CITY, INC.,
PLANNED PARENTHOOD FEDERATON OF AMERICA,
INC., SONDR A. B. DANTZIC, M.D. and BERNADETE G.
KANE, C.N.M.,

Defendants.

IT IS HEREBY STIPULATED AND AGREED, by and between the undersigned, attorneys for the respective parties, that the above-entitled action is hereby discontinued with prejudice against the defendants, PLANNED PARENTHOOD FEDERATON OF AMERICA, INC., SONDR A. B. DANTZIC, M.D. and BERNADETE G. KANE, C.N.M., without costs, interests, or disbursements.

IT IS FURTHER STIPULATED AND AGREED, that the action is severed and continues against the remaining defendant, PLANNED PARENTHOOD OF NEW YORK CITY, INC., only.

IT IS FURTHER STIPULATED AND AGREED, that the caption of this matter is hereby amended to read as follows:

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

JODI-ANN A. PUSEY,

Index No.: 21668/2017E

Plaintiff,

-against-

PLANNED PARENTHOOD OF NEW YORK CITY, INC.,

Defendant.

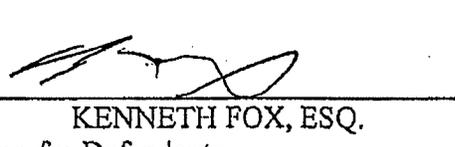
This Stipulation may be filed with the Clerk of the Court without notice as to either party.

Dated: New York, New York
April 20, 2017

JONATHAN C. REITER LAW FIRM, PLLC

McALOON & FRIEDMAN, P.C.

By: 
JONATHAN REITER, ESQ.

By: 
KENNETH FOX, ESQ.

Attorneys for Plaintiffs
350 Fifth Avenue, Suite 6400
New York, New York 10118

Attorneys for Defendants
PLANNED PARENTHOOD OF NEW YORK
CITY, INC., PLANNED PARENTHOOD
FEDERATION OF AMERICA, INC.,
SONDRA B. DANTZIC, M.D. and
BERNADETTE G. KANE, C.N.M.
123 William Street - 25th Floor
New York, NY 10038-3804

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

JODI-ANN A. PUSEY,

Index No. 21668/2017E

Plaintiff,

VERIFIED ANSWER

-against-

PLANNED PARENTHOOD OF NEW YORK CITY, INC.,

Defendants.

Defendant, PLANNED PARENTHOOD OF NEW YORK CITY, INC., by its attorneys, McALOON & FRIEDMAN, P.C., answering the plaintiff's complaint, respectfully alleges, upon information and belief, as follows:

1. Denies any knowledge or information sufficient to form a belief as to each and every allegation set forth in paragraph "1" of the complaint.

2. Denies any knowledge or information sufficient to form a belief as to each and every allegation set forth in paragraph "2" of the complaint except admits that the defendant, PLANNED PARENTHOOD OF NEW YORK CITY, INC., is a not for profit corporation organized and existing under the laws of the State of New York with its principal place of business located at 26 Bleecker Street, New York, New York.

3. Denies any knowledge or information sufficient to form a belief as to each and every allegation set forth in paragraph "3" of the complaint except admits that Planned Parenthood Federation of America, Inc. is no longer a defendant in this action.

4. Denies any knowledge or information sufficient to form a belief as to each and every allegation set forth in paragraph "4" of the complaint except admits that the defendant,

PLANNED PARENTHOOD OF NEW YORK CITY, INC., operates a reproductive health care clinic known as the Margaret Sanger Center located at 26 Bleecker Street, New York, New York with that degree of care, skill, and diligence used and provided by such clinics generally in the same or similar communities, and otherwise begs leave to refer all questions of law to the Court.

5. Denies any knowledge or information sufficient to form a belief as to each and every allegation set forth in paragraph "5" of the complaint except admits that Sondra Dantzie, M.D. is no longer a defendant in this action, that she is a physician licensed to practice medicine in the State of New York and a member of the medical staff of the defendant, PLANNED PARENTHOOD OF NEW YORK CITY, INC., and otherwise begs leave to refer all questions of law to the Court.

6. Denies any knowledge or information sufficient to form a belief as to each and every allegation set forth in paragraph "6" of the complaint except admits that Bernadette Kane, C.N.M. is no longer a defendant in this action, that she is a certified nurse midwife licensed to practice in the State of New York and a member of the medical staff of the defendant, PLANNED PARENTHOOD OF NEW YORK CITY, INC., and otherwise begs leave to refer all questions of law to the Court.

FIRST CAUSE OF ACTION

7. Denies any knowledge or information sufficient to form a belief as to each and every allegation set forth in paragraph "7" of the complaint except admits that medical treatment was rendered to one Jodiann A. Pusey on various occasions from February 17, 2010 to April 20, 2016, and otherwise begs leave to refer all questions of law to the Court.

8. Denies any knowledge or information sufficient to form a belief as to each and every allegation set forth in paragraph "8" of the complaint except admits that medical treatment was rendered to one Jodi A. Pusey on April 26, 2016 at the Margaret Sanger Center.

9. Denies each and every allegation set forth in paragraphs "9", "12", "14", "15", "16", and "17" of the complaint.

10. Denies any knowledge or information sufficient to form a belief as to each and every allegation set forth in paragraphs "10", "11", and "13" of the complaint except admits that the medical treatment on April 26, 2016 was rendered by Sondra Dantzic, M.D., and otherwise beg leave to refer all questions of law to the Court.

AS AND FOR A FIRST, SEPARATE AND DISTINCT AFFIRMATIVE DEFENSE:

11. The defendant's liability, if any, is limited pursuant to CPLR 1600, et seq.

AS AND FOR A SECOND, SEPARATE AND DISTINCT AFFIRMATIVE DEFENSE:

12. Any verdict or judgment should be reduced by the amounts of past or future collateral source reimbursements of alleged special damage pursuant to CPLR 4545(c).

AS AND FOR A THIRD, SEPARATE AND DISTINCT AFFIRMATIVE DEFENSE:

13. Plaintiff's causes of action, if any, are barred pursuant to §2805-d of the Public Health Law.

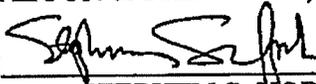
AS AND FOR A FOURTH, SEPARATE AND DISTINCT AFFIRMATIVE DEFENSE:

14. Plaintiff's causes of action, if any, are barred by the doctrine of Assumption of the Risk.

WHEREFORE, the defendant, PLANNED PARENTHOOD OF NEW YORK CITY, INC., demands judgment dismissing plaintiff's complaint together with the costs and disbursements of this action.

Yours, etc.

McALOON & FRIEDMAN, P.C.

By: 
STEPHEN S. YORK, ESQ.

Attorneys for Defendant
PLANNED PARENTHOOD OF
NEW YORK CITY, INC
Office and P.O. Address
123 William Street - 25th Floor
New York, NY 10038-3804
Tel. No. (212) 732-8700

21668 2017E
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

JODI-ANN A. PUSEY,

Plaintiff,

- against -

PLANNED PARENTHOOD OF NEW YORK CITY, INC.,

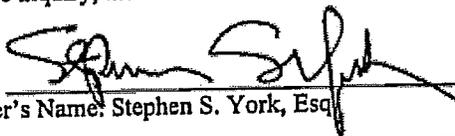
Defendants.

VERIFIED ANSWER

McAloon & Friedman, P.C.
Attorneys for Defendants
Office and Post Office Address, Telephone
123 William Street
New York, New York 10038-3804
(212) 732-8700 (212) 227-2903

Pursuant to 22 NYCRR 130-1.1, the undersigned, an attorney admitted to practice in the courts of New York State, certifies that, upon information and belief and reasonable inquiry, the contentions contained in the annexed document are not frivolous.

Dated: May 25, 2017

Signature: 
Print Signer's Name: Stephen S. York, Esq.

To

Attorney(s) for

Service of a copy of the within _____ is hereby admitted.
Dated, _____

Attorney(s) for

Sir: - Please take notice
 Notice of Entry

that the within is a (certified) true copy of a _____ duly entered in
the office of the clerk of the within named court on _____ 20____

Notice of Settlement

that an order _____ of which the within is a true copy will be presented
for settlement to the HON. _____ on of the judges of the
within named court, at _____ on _____ 20____
at _____

Dated,

Yours, etc.
McAloon & Friedman, P.C.
Attorneys for
Office and Post Office Address, Telephone
123 William Street
New York, New York 10038-3804

LIMITED POWER OF ATTORNEY

To Execute HIPAA Medical Record Authorization Forms Pursuant to NY Public Health Law §18(1)(G) as Amended 10/26/04, Ex-Parte Interview Forms and any and all forms required by Medicare/Medicaid, any government agency or any private insurance carrier.

I, JODI-ANN PUSEY, residing at 1030 Boynton Avenue, Apt. 6E, Bronx, New York 10472

do hereby appoint: **Meryl I. Schwartz and/or Jonathan C. Reiter** with offices at 350 Fifth Avenue, Suite 6400, New York, New York, my attorneys-in-act (each agent may act separately) in my name, place and stead in any way which I my self could not do, if I were personally present to **execute HIPAA medical records authorization forms pursuant to NY Public Health Law §18(1)(G) as amended 10/26/04 and/or all ex-parte interview authorizations pursuant to the holding of Arons v. Jutkowitz and/or all authorization forms required by Medicare/Medicaid, any government agency or any private insurance carrier.** This Power of Attorney may be revoked by me at any time. This Power of Attorney shall not be affected by my subsequent disability or incompetence.

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this instrument.

In Witness Whereof I have hereunto signed my name this 2nd day of May, 2016.



JODI-ANN PUSEY

ACKNOWLEDGEMENT

STATE OF NEW YORK
COUNTY OF NEW YORK

On this 2ND day of May, 2016 before me the undersigned, personally appeared JODI-ANN PUSEY, personally known to be or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person who acted on behalf of the individual, executed the instrument and that such individual made such appearance before the undersigned at New York, New York.


Notary Public
MARIEL REITER
Notary Public, State of New York
No. 01REG226090
Qualified in New York County
Commission Expires August 2, 2018

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name JODI-ANN PUSEY	Date of Birth 09/19/1997	Social Security Number
---------------------------------------	------------------------------------	------------------------

Patient Address
90-35 Van Wyck Expressway, Apt. 405, Jamaica, New York 11435

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9(b).**

7. Name and address of health provider or entity to release this information:
BELLEVUE HOSPITAL CENTER
 462 First Avenue
 New York, New York 10016

8. Name and address of person(s) or category of person to whom this information will be sent:
McALOON & FRIEDMAN, P.C.
 Attorneys For Defendant
 123 William Street
 New York, New York 10038

9(a). Specific information to be released:

Medical Record from (insert date) _____ to _____ -

Entire Medical Record including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

Other: _____ Include (Indicate by Initialing)

MS Alcohol/Drug Treatment
 MS Mental Health Information
 MS HIV-Related Information

Authorization to Discuss Health Information

(b) By initializing here _____ I authorization _____
Initial Name of Individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here
McALOON & FRIEDMAN, P.C.
(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: <input type="checkbox"/> At request of individual <input type="checkbox"/> Other: LITIGATION	11. Date or event which this authorization will expire: AT THE CONCLUSION OF THE LAWSUIT
12. If not the patient, name of person signing form: MERYL SCHWARTZ	13. Authority to sign on behalf of patient POWER OF ATTORNEY

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

 Date: 7/19/17

Signature of patient or representative authorized by law

*Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name JODI-ANN PUSEY	Date of Birth 09/19/1997	Social Security Number
Patient Address 90-35 Van Wyck Expressway, Apt. 405, Jamaica, New York 11435		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9(b).**

7. Name and address of health provider or entity to release this information:
MONTEFIORE MEDICAL GROUP/COMPREHENSIVE FAMILY CARE CENTER
 1621 Eastchester Road
 Bronx, New York 10461

8. Name and address of person(s) or category of person to whom this information will be sent:
McALOON & FRIEDMAN, P.C.
 Attorneys For Defendant
 123 William Street
 New York, New York 10038

9(a). Specific information to be released:

Medical Record from (insert date) _____ to _____ -

Entire Medical Record including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

Other: _____ Include (Indicate by Initialing)

US Alcohol/Drug Treatment
US Mental Health Information
MS HIV-Related Information

Authorization to Discuss Health Information

(b) By initializing here _____ I authorization _____ Name of individual health care provider -

to discuss my health information with my attorney, or a governmental agency, listed here
McALOON & FRIEDMAN, P.C. -
(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: <input type="checkbox"/> At request of individual <input type="checkbox"/> Other: LITIGATION	11. Date or event which this authorization will expire: AT THE CONCLUSION OF THE LAWSUIT
12. If not the patient, name of person signing form: MERYL SCHWARTZ	13. Authority to sign on behalf of patient POWER OF ATTORNEY

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Meryl Schwartz Date: 7/19/17

Signature of patient or representative authorized by law

*Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA
[This form has been approved by the New York State Department of Health]

Patient Name JODI-ANN PUSEY		Date of Birth 09/19/1997	Social Security Number
Patient Address 90-35 Van Wyck Expressway, Apt. 405, Jamaica, New York 11435			

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9(b).**

7. Name and address of health provider or entity to release this information:
HEALTHFIRST
100 Church Street
New York, New York 10007

8. Name and address of person(s) or category of person to whom this information will be sent:
McALOON & FRIEDMAN, P.C.
Attorneys For Defendant
123 William Street
New York, New York 10038

9(a). Specific information to be released:

Medical Record from (insert date) _____ to _____

Entire Medical Record including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

Other: Complete itemized billing records for _____ **Include (Indicate by Initialing)**
ID#: P178499P **MS Alcohol/Drug Treatment**
MS Mental Health Information
MS HIV-Related Information

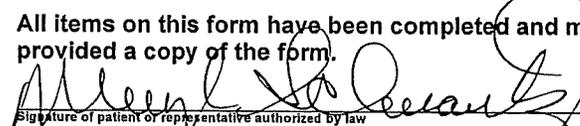
Authorization to Discuss Health Information

(b) By initialing here _____ I authorization _____
Initial Name of Individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here
McALOON & FRIEDMAN, P.C.
(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: <input type="checkbox"/> At request of individual <input type="checkbox"/> Other: LITIGATION	11. Date or event which this authorization will expire: AT THE CONCLUSION OF THE LAWSUIT
12. If not the patient, name of person signing form: MERYL SCHWARTZ	13. Authority to sign on behalf of patient POWER OF ATTORNEY

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

 Date: 7/19/17

*Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

STATE OF NEW YORK, COUNTY OF NEW YORK ss.:

I, DEBRA L. NORWOOD, being sworn, say: I am not a party to the action, am over 18 years of age and reside at Brooklyn, New York.

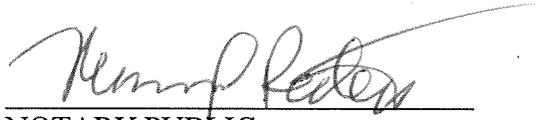
On July 19, 2017 served the within **RJI and NOTICE OF MEDICAL MALPRACTICE ACTION**, depositing a true copy thereof enclosed in a postpaid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within New York State, addressed to each of the following persons at the last known address set forth after each name:

McALOON & FRIEDMAN, P.C.
Attorneys for Defendant
123 William Avenue
New York, New York 10038
(212) 732-8700



DEBRA L. NORWOOD

Sworn to before me this
19th day of July 2017.



NOTARY PUBLIC

MARIEL REITER
Notary Public, State of New York
No. 01RE6226090
Qualified in New York County
Commission Expires August 2, 2018

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX**

-----X
JODI-ANN A. PUSEY,

INDEX NO.: 21668/17

Plaintiff,

-against-

**PLANNED PARENTHOOD OF NEW YORK CITY,
INC., PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., SONDR A B. DANTZIC, M.D. and
BERNADETTE G. KANE, C.N.M.,**

Defendants.

-----X

RJI and NOTICE OF MEDICAL MALPRACTICE ACTION

JONATHAN C. REITER LAW FIRM, PLLC

Attorneys for Plaintiff

Office & P.O. Address

350 Fifth Avenue

Suite 6400

New York, New York 10118

(212) 736-0979

Facsimile (212) 268-5297