



**PHILADELPHIA MUNICIPAL COURT
FIRST JUDICIAL DISTRICT OF PENNSYLVANIA**

1339 Chestnut Street, 10th Floor, Philadelphia, PA 19107

Marsha H. Neifield, President Judge Patricia R. McDermott, Deputy Court Administrator

STATEMENT OF CLAIM

Code: Other - (13)

SC-15-02-17-4656

Donna Hayes
2336 North Broad Street
Philadelphia, PA 19132

Philadelphia Women's Center, Inc.
AKA/DBA: Philadelphia Women's Center
777 Appletree Street 7th Floor
Philadelphia, PA 19106

Plaintiff(s)

Defendant(s)

Service Address (information) if other than above:

To the Defendant: Plaintiff is seeking a money judgment against the Defendant(s) based on the following claim:

Plaintiff was a patient of the Defendant. Plaintiff received medical services from the Defendant. As a part of her treatment at the Defendant's facility and pursuant to Federal Law under the Health Insurance Portability & Accountability Act (HIPAA), the Defendant is responsible to protect all of Plaintiff's Protected Health Information (PHI). Any PHI about the Plaintiff is private information that may not be disclosed to the Public, and any breach of such is negligent and a violation of the Plaintiff's privacy rights. A representative of the Defendant, on or about February 21, 2013, disclosed PHI to a member of the public causing severe and pervasive mental anguish. As a result Plaintiff has sustained injuries for negligent and intentional infliction of emotional distress, as well as a negligent violation of her privacy rights.

Summons to the Defendant

You are hereby ordered to appear at a hearing scheduled as follows:

Citation al Demandado

Por la presenta, Usted esta dirijido a presentarse a la siguiente:

1339 Chestnut Street 6th Floor
Philadelphia, PA 19107
Hearing Room: 2

April 21st, 2015

01:15 PM

Amount Claimed

Principal	\$	10000.00
Interest	\$	0.00
Attorney Fees	\$	2000.00
Other Fees	\$	0.00
Subtotal	\$	<u>12000.00</u>
Service	\$	27.00
State Fee	\$	10.00
Automation Fee	\$	5.50
Convenience Fee	\$	5.00
JCS St. Add. Surcharge	\$	11.25
JCS St. Add. Fee	\$	2.25
ATJ Fee	\$	2.00
ATJ Surcharge	\$	10.00
Court Costs	\$	<u>44.00</u>
TOTAL CLAIMED	\$	<u>12117.00</u>
Date Filed:		02/17/2015

I am an attorney for the plaintiff(s), the plaintiff's authorized representative or have a power of attorney for the plaintiff(s) in this statement of claims action. I hereby verify that I am authorized to make this verification; that I have sufficient knowledge, information and belief to take this verification or have gained sufficient knowledge, information and belief from communications with the plaintiff or the persons listed below and that the facts set forth are true and correct to the best of my knowledge, information and belief. I understand that this verification is made subject to the penalties set forth in 18 Pa. C.S. § 4904, which concerns the making of unsworn falsifications to authorities. If I am an authorized representative or have a power of attorney, I have attached a completed Philadelphia Municipal Court authorized representative form or a completed power of attorney form.

MARC A WEINBERG

Signature Plaintiff/Attorney
Atty ID #: 060643

Address & Phone 815 GREENWOOD AVENUE SUITE 22
JENKINTOWN, PA 19046
215.576.0100

NOTICE TO THE DEFENDANT, YOU HAVE BEEN SUED IN COURT.
PLEASE SEE ATTACHED NOTICES

AVISO AL DEMANDADO LE HAN DEMANDADO EN CORTE. VEA POR FAVOR
LOS AVISOS ASOCIADOS.

If you wish to resolve this matter without appearing in court, please contact the attorney shown above immediately.