

Sample for Reference Purposes Only. Forms have bilingual format for your convenience, but must be completed and filed with the court in English. 表格样本, 仅供参考. 为了提供便利, 表格采用双语格式, 但向法院提交的表格必须用英语填写。



DISTRICT COURT OF MARYLAND FOR _____

马里兰州地区法院 _____

City/County
城市/县

Located at _____ Case No. _____
地址 _____ 案件编号 _____

Court Address
法院地址

STATE OF MARYLAND
马里兰州

VS.
诉

Defendant
被告

OR
或

Address
地址

Plaintiff
原告

City, State, Zip
城市、州、邮编

Telephone
电话号码

CC# _____

CC# _____

NOTICE TO
通知

Patient Name
患者姓名

IN COMPLIANCE WITH § 4-306 OF THE HEALTH-GENERAL ARTICLE
根据《马里兰州注释法典》
ANNOTATED CODE OF MARYLAND
卫生总则条款第 4-306 条

TAKE NOTE that the medical records regarding, _____, have been subpoenaed
from _____ located at _____ pursuant to
Healthcare Provider Healthcare Provider's Address
the attached subpoena and § 4-306 of the Health - General Article, Annotated Code of Maryland. This subpoena
 does or does not (mark one) seek production of mental health records.

请注意, 关于 _____ 的病历已根据所附传票和《马里兰州注释法典》卫生总则条款第 4-306 条
患者姓名
从位于 _____ 的 _____ 处进行了传唤。本次传唤
医疗保健提供者地址 医疗保健提供者
要求或 不要求(选择其一)提供心理健康记录。

Please examine these papers carefully. IF YOU HAVE ANY OBJECTION TO THE PRODUCTION OF THESE DOCUMENTS, YOU MUST FILE A MOTION FOR A PROTECTIVE ORDER OR A MOTION TO QUASH THE SUBPOENA ISSUED FOR THESE DOCUMENTS UNDER MARYLAND RULES 2-403, 2-510, OR 4-266 NO LATER THAN THIRTY (30) DAYS FROM THE DATE THIS NOTICE IS MAILED. For example, a protective order may be granted if the records are not relevant to the issues in this case, the request unduly invades your privacy, or causes you specific harm.

请仔细检查这些文件。如果您对出示这些文件有任何异议, 必须在自本通知邮寄之日起三十 (30) 天内, 根据《马里兰州规则》2-403、2-510 或 4-266 提出保护令动议或撤销针对这些文件发出的传唤动议。例如, 如果记录与本案中的问题无关, 如果要求对您的隐私造成不当侵犯, 或对您造成特定伤害, 则可能授予保护令。

Attached to this form is a copy of the subpoena duces tecum (DC 4) issued for these records.
随本表格附上针对这些记录发出的传召出庭令 (DC 4) 的副本。

If you believe you need further legal advice about this matter, you should consult your attorney.
如果您认为您对此事需要进一步的法律建议, 您应该咨询您的律师。

Attorney
律师

Attorney's Address
律师地址

City, State, Zip
城市、州、邮编

Law Firm
律师事务所

Attorney's Phone Number
律师电话号码

Name of Party Represented
被代表方名称

CERTIFICATE OF SERVICE

送达证明

I HEREBY CERTIFY that a copy of the foregoing Notice, the subpoena duces tecum, and a copy of section HG § 4-306 was sent by certified mail mailed, first-class postage prepaid, this _____ day of _____, _____
我在此证明, 上述通知、传召出庭令和 HG § 4-306 条款的副本已 通过保证邮件发送 预付一级邮资邮寄, 时间为 _____ 年 _____ 月 _____ 日

to:
致:

Patient Name
患者姓名

Address
地址

City, State, Zip
城市、州、邮编

Attorney Name
律师姓名

Address
地址

City, State, Zip
城市、州、邮编

Date
日期

Attorney Name
律师姓名

Address
地址

City, State, Zip
城市、州、邮编

Other
其他

Address
地址

City, State, Zip
城市、州、邮编

Signature of Party Serving/Attorney/Attorney Number
送达方/律师签名/律师编号

30-DAY CERTIFICATION

30 天证明

I certify that thirty (30) days have elapsed since the above notice was sent. There has been no objection to the disclosure of the requested documents; or, any objection has been resolved to permit disclosure of the requested documents.

我在此证明 自上述通知发出以来已经过了三十 (30) 天。 对披露所要求的文件没有异议; 或 任何异议均已解决, 允许披露所要求的文件。

Requesting Party Name
要求方姓名

Requesting Party Signature
要求方签名

Date
日期

Do not complete 30-day certification until thirty (30) days after this Notice was mailed.

在本通知发出后三十 (30) 天内不要填写 30 天证明。