

STATE OF TENNESSEE	<u>SUBPOENA</u>	
COUNTY JUVENILE COURT	<input checked="" type="checkbox"/> Duces Tecum <input checked="" type="checkbox"/> Medical Records (See HIPAA Requirement Below)	File No. _____

PETITIONER	IN RE:

TO: Name: _____

You are hereby commanded to appear at the time, date, and place specified for the purpose of giving testimony. In addition, if indicated, you are to bring the items listed. Failure to appear may result in punishment by fine and/or imprisonment as provided by law.

TIME:	DATE:	ITEMS TO BRING:
PLACE:		ALL RECORDS AND INFORMATION IN YOUR POSSESSION PERTAINING TO: SEND SEALED COPY TO _____, WITH AFFIDAVIT OF CUSTODIAN OF THE RECORDS, IN WHICH CASE THE CUSTODIAN DOES NOT HAVE TO PERSONALLY APPEAR. <input type="checkbox"/> Additional List Attached

This subpoena is being issued on behalf of: BY: _____ _____	Date Issued: _____ _____ JUVENILE COURT CLERK By: _____ Deputy Clerk If you have a disability and require assistance, please contact 931-648-5766
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DESIGNEE: PLEASE SEND A COPY TO ATTORNEY: DESIGNEE'S SIGNATURE:	
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Medical Records Requested – HIPAA Notice EXCEPTION:

HIPAA NOTICE

PURSUANT TO TITLE 45 OF THE CODE OF FEDERAL REGULATIONS, §§160.203 (c), 164.512(b) (1)(c), and 165.502 (g)(5), THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IS EXEMPT FROM HIPAA NOTICE REQUIREMENTS.

RETURN ON SERVICE

Check one: (1 or 2 are for the return of an authorized officer or attorney; an attorney's return must be sworn to; 3, is for the witness who will acknowledge service and requires the witness's signature.)

1. I certify that on the date indicated below I served a copy of this subpoena on the witness stated above by:

2. I failed to serve a copy of this subpoena on the witness because:

3. I acknowledge being served with this subpoena on the following date:

Sworn to and subscribed before me on this

_____ day of _____, 20__.

Signature of Notary Public or Deputy Clerk

My Commission Expires: _____

DATE OF SERVICE:

SIGNATURE OF WITNESS, OFFICER, ATTORNEY, OR ATTORNEY'S DESIGNEE