WORKERS' COMPENSATION COMMISSION

10 EAST BALTIMORE STREET BALTIMORE, MARYLAND 21202-1641

OBJECTION TO SUBPOENA OF MEDICAL RECORDS

Pursuant to Section 4-306 of Health - General Article, Annotated Code of Maryland, this OBJECTION TO SUBPOENA MEDICAL RECORDS must be filed with the Workers' Compensation Commission no later than thirty (30) days from the date the NOTICE OF INTENT TO SUBPOENA MEDICAL RECORDS (WCC Form H-08/NOI) is mailed.

I, Claimant Name		WCC Claim Number			
Address	City		State	e Zip Code	
Hereby gives notice of obj	ection to the disclosure of the	designated me	dical record	ls	
Kept by: Physician Name					
Address		City	State	Zip Code	
and in which I received a N	Notice of Intent to Subpoena M	ce of Intent to Subpoena Medical Records, WCC Form H-08/NOI, which is dated			
I hereby certify that a copy mail, postage prepaid, this	y of this Objection to Subpoens day of			mailed, by first class d their attorneys.	
Signature of Claimant			DATE		