

GOLDMAN ARCHIVES BUILDING WAREHOUSE
NR 01 AA NR432
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CUST BOX NBR: 5757 BOX TYPE: 1.2 DATE: 02/13/04
SKP BOX NBR: 105210067 PUTAWAY - FILE



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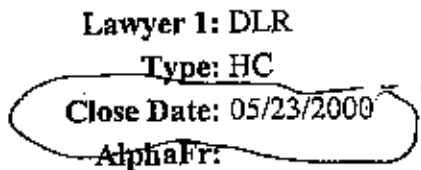


Department: - MASTER DEPARTMENT
Record Code:

SKP Box Number: 105210067
Seq #: 1
Status: NORMAL

Cust Box Number: 5757
In Box: YES

Client Number: 08582.0001 Letter:
Client Name: FURER, ANDREW AND ELOISA Sub Nbr: 1
Matter Number: Matter Description: ESTATE PLANNING/GENERAL/CORRESPONDENCE
Lawyer 1: DLR Lawyer 2:
Type: HC Number of Files: AM
Close Date: 05/23/2000 AlphaTo:
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Receipt Date: 06/01/2000



History Close Window

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Systems Support 1 800 888 4551ST

WOODBURN AND WEDGE 0622905
(NR432)
MASTER DEPARTMENT()

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INTERFILE

WOODBURN AND WEDGE
ACCOUNT NO.: NR432

777

** I thought the Trust was signed
on May 24, 2002. Why is the close date
5/23/2000 - Receipt Date 6/01/2000 - Date 2/13/04
Box Type 1.2*

RICHARD O. KWAPIL
GORDON H. DEPAOLI
SHELEN FULSTONE
JOHN P. FOWLER
JOHN F. MURTHA
STEPHEN S. KENT
W. CHRIS WICKER
SHAWN B. MEADOR
LYNNE K. SIMONS
R. BLAIN ANDRUS
DON L. ROSS
GREGG J. BARNARD
DALE E. FERGUSON
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JESSICA H. NEUGEBAUER

WILLIAM K. WOODBURN (1910-1980)
VIRGIL H. WEDGE (1912-2000)
CASEY W. VAULTJIN (1938-2001)

OF COUNSEL
JAMES J. HALLEY

November 14, 2003

Andrew and Eloisa Furer
P.O. Box 7206
Incline Village, NV 89452

Re: Your Estate Planning Documents and HIPAA

Dear Mr. and Mrs. Furer:

From time to time changes in the law may affect your estate planning documents. For this reason, we suggest that you contact us every few years to review your documents and to discuss any changes in the law or your situation which may warrant an amendment or revision of the documents. Because of the significant impact that the new HIPAA rules may have on virtually all of our estate planning clients, we are writing to inform you of that potential impact and to propose a "fix" to the HIPAA problem.

On April 14, 2003, the much-touted privacy rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) took effect. These regulations apply to virtually every physician, dentist, nurse, pharmacist, and health-care provider in the nation. The privacy rules affect everyone's access to health-care information and if you have been to the doctor or dentist in the last six months you are well aware of the lengthy forms you have been required to sign.

Like some other well-intentioned laws, HIPAA has had vast unforeseen consequences. One of those unforeseen consequences relates to a doctor's determination of a patient's incapacity. Most of you have trust agreements or amendments drafted by us which provide that upon your incapacity, as certified in writing by two licensed physicians, the designated successor trustee(s) will then serve as the trustee of your trust. Many of you also have "springing" general durable powers of attorney which do not become effective until two licensed physicians determine that you are incapacitated or disabled. Here is the problem created by HIPAA: some doctors have decided that HIPAA prohibits them from disclosing information relating to your incapacity without a "HIPAA compliant" medical information and records release form signed by you. In other words, without a release these doctors will not certify in writing to your incapacity - thus invalidating these important provisions of your trust and general durable power of attorney.

Another unforeseen consequence of HIPAA relates to your durable health care powers of attorney and declarations. Some health care providers have determined that HIPAA prohibits them from discussing any medical condition which you might have with the individuals designated in those documents without a "HIPAA compliant" medical information and records release. The effect of this position is that the people you have designated to

Andrew and Eloisa Furer
November 14, 2003
Page 2 of 2

make health care and life support decisions for you in the event of your incapacity may be unable to make informed decisions on your behalf.

In order to remedy this situation, we have enclosed for your review and signature two original HIPAA compliant Medical Information and Records Release forms ("Release"). Part One of the Release lists all of the individuals listed by you in your durable health care power of attorney and declaration forms. Note that Part One is extremely broad in terms of the type of medical information which can be requested by the listed individuals.

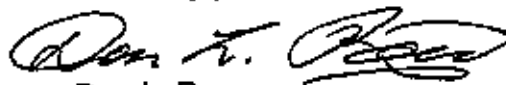
Part Two of the Release contains similar, but more limited, language and relates to a determination or information relating to your incapacity or disability. This Part lists the individuals named by you as successor trustees (if applicable) and as attorney-in-fact pursuant to a general durable power of attorney.

If the enclosed Release is acceptable, please sign and date both original forms and return one form to us in the enclosed self-addressed, stamped envelope. To defray our expenses related to the preparation and mailing of the Release, we ask that you also include in the envelope a check for \$50 made payable to "Woodburn and Wedge" (note that this cost is significantly less than the cost to amend or revise your estate planning documents). You should keep the other original release with your copy of your estate planning documents and make sure that the people listed in the Release know where to find it.

We have prepared the Release based upon the best information currently available to us. We believe that executing the Release will solve any potential HIPAA-related problems. However, please understand that this is a confusing and rapidly changing area of the law and there can be no guarantee that every doctor or health care provider will honor the Release. If we become aware of any problems with this approach, we will quickly contact you with another solution. At this point, however, it does not appear that any further action will be required.

We regret that this change has been necessitated by the HIPAA legislation. However, we feel that the Release is a relatively painless solution to a potentially serious problem. Please call our paralegal, Nikki, at 688-3047 if you have any questions.

Sincerely yours,


Don L. Ross

DLR/daj
Enclosures

MEDICAL INFORMATION AND RECORDS RELEASE AUTHORIZATION

PART ONE:

I, ANDREW E. FURER, intend for the following individuals to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records:

ELOISA B. FURER

MARIA ESTHER FOLLOSCO BAUTISTA

VICTORIA ELSAYGH

This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

At the request of one or more of the above-named individuals, I authorize any physician, health-care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health-care provider, any insurance company and the Medical Information Bureau Inc. or other health-care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose and release to such individual(s), without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis and treatment of mental illness and drug or alcohol abuse.

The authority given the above-named individuals shall supersede any prior agreement that I may have made with my health-care providers to restrict access to or disclosure of my individually identifiable health information. The authority given the above-named individuals has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health-care provider.

PART TWO:

I, ANDREW E. FURER, intend for the following individuals to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records:

MARIA ESTHER FOLLOSCO BAUTISTA

VICTORIA ELSAYGH

ELOISA B. FURER

This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

At the request of one or more of the above-named individuals and for purposes of determining my incapacity or disability, I authorize the release of all individually identifiable health information and medical records to such individual(s), including any written opinion relating to my incapacity or disability requested by such individual(s).

The authority given the above-named individuals shall supersede any prior agreement that I may have made with my health-care providers to restrict access to or disclosure of my individually identifiable health information. The authority given the above-named individuals has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health-care provider.

I understand that I may revoke this authorization at anytime, without exception, by written request.

DATED on this ____ day of _____, 2003.

ANDREW E. FURER

MEDICAL INFORMATION AND RECORDS RELEASE AUTHORIZATION

PART ONE:

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I understand that I may revoke this authorization at anytime, without exception, by written request.

DATED on this ____ day of _____, 2003.

ANDREW E. FURER

MEDICAL INFORMATION AND RECORDS RELEASE AUTHORIZATION

PART ONE:

I, ELOISA B. FURER, intend for the following individuals to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records:

ANDREW E. FURER

MARIA ESTHER FOLLOSCO BAUTISTA

VICTORIA ELSAYGH

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VICTORIA ELSAYGH

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ELOISA B. FURER

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DATED on this ____ day of _____, 2003.

ELOISA B. FURER