

**COUNCIL ON COURT PROCEDURES**

Minutes of Meeting of December 9, 2000

5200 Southwest Meadows Road

Oregon State Bar Center

Lake Oswego, Oregon

Present:

J. Michael Alexander	Daniel L. Harris
Lisa A. Amato	Rodger J. Isaacson
Richard L. Barron	Mark A. Johnson
Benjamin M. Bloom	Virginia L. Linder
Bruce J. Brothers	Michael H. Marcus
Kathryn S. Chase	Connie E. McKelvey
Kathryn H. Clarke	John H. McMillan
Allan H. Coon	Karsten H. Rasmussen
Don A. Dickey	Ralph C. Spooner
Robert D. Durham	Nancy S. Tauman
William A. Gaylord	

NOTE: Judge Carp attended the meeting via speaker telephone.

Visitors: Mr. Don Corson, Attorney, Eugene, was a guest at the meeting representing the Oregon Trial Lawyers' Association (OTLA), together with other representatives of OTLA. Also present were Maury Holland, Executive Director, and Gilma Henthorne, Executive Assistant.

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**Agenda Item 1: Call to order (Mr. Alexander).** Mr. Alexander called the meeting to order at approximately 9:35 a.m.

**Agenda Item 2: Approval of minutes of September 9, 2000 Council meeting.** The following correction was made to these minutes as distributed: On page 3, in the first line of the first full paragraph delete "in cases in Washington State where . . ." and substitute "in cases in which he was the attorney for the plaintiff-examinee . . ." Also Judges Carp and Rasmussen asked that the minutes show that they were among the four members who voted in opposition to the motion to adopt the Rule 58 amendments recorded on page 8. With these changes the minutes were approved.

**Agenda Item 3: Proposed amendments to the Oregon Rules of Civil Procedure (ORCP) (attached to agenda of this meeting) (Mr. Alexander).**

**Items 3a, 3b, 3c, and 3g: Proposed amendments to ORCP 7, 21, 32, and 58 (see attachment to the agenda of this meeting).** Judge Rasmussen, seconded by Judge Marcus, offered a motion to promulgate the amendments to Rules 7, 21, 32, and 58 as shown in the attachment to the agenda of this meeting. After brief discussion, this motion was agreed to, 19 members voting in favor and one opposed. Judge Barron stated that he wished the minutes to show that his opposition to this motion was based on objections he had to some of the proposed amendments to Rule 58.

**Item 4: Requested amendment to ORS 1.735(2) to modify the "exact language" requirement (attached to the agenda of 10-13-01 meeting) (out of order).** Mr. Alexander noted that this requested statutory amendment had been approved at a previous Council meeting, and that he would write to the chairs of the judiciary committees about this request and would try to obtain a legislator-sponsor. Judge Harris commented that someone from the Council should be tasked with making sure that this bill makes it through the legislative process and does not get lost in the shuffle. Prof. Holland said that he would ask Bob Oleson of the Oregon State Bar to do what he could to lobby for passage of this bill. Mr. McMillan offered a motion, duly seconded, that this matter be left to the discretion of the Chair, which motion was unanimously agreed to.

**Item 3f: Proposed amendments to ORCP 44 C and 55 F (see attachment to the agenda of this meeting) (Mr. Gaylord).** Mr. Gaylord recapitulated the history of these proposed amendments and the many difficulties that had been encountered, some of which he stated had been resolved, but others remained unresolved. He asked that a written statement he had prepared be filed with the minutes of this meeting, which was done (see attachment to agenda of 10-13-01 meeting). He added that he believed there still remained too much controversy and opposition to these proposed amendments for them to be promulgated at this time.

Mr. Gaylord urged that an interim subcommittee of the Council be constituted for the purpose of seeing what could be done before the next biennium to respond to some of the opposition these proposed amendments had engendered. He added suggestions that this subcommittee not necessarily be limited to Council members, but should include representatives of the major interests groups, including OTLA, OADC, the Oregon Hospital Association, and the Oregon Medical Association, and that consideration be given to having a judicial member of the Council chair this subcommittee.

He concluded by offering a motion to table these proposed amendments, which motion was seconded by Ms. Clarke. This motion was agreed to, 20 members voting in favor and one opposed. Judge Carp stated that Mr. Gaylord should be commended for his statesmanship in

withdrawing these proposals at this time. Judge Marcus commented that he believed many favored a simpler set of amendments. Prof. Holland suggested that an effort be made to see how the U.S. District Court for the District of Oregon, as well as discovery rules of other states, deal with the problems associated with discovery of medical and hospital records.

**Items 3d and 3e: Proposed amendments to ORCP 44 A and 46 B (see attachment to the agenda of this meeting) (Mr. Alexander).** There was a lengthy discussion concerning the relative merits and demerits of Alternatives One, Two, and Three. Mr. Gaylord stated that, generally speaking, the plaintiffs bar supported only Alternative One and was opposed to Alternatives Two and Three. He added that this was also his own position.

Justice Durham commented that his attention had been drawn to these issues, not by any belief that abuses were occurring in connection with court-order medical examinations, but because he thought that many trial judges, especially in Multnomah County, where the previous motion panel guidelines have been withdrawn, now wished the Council to provide greater direction with respect to whether and how examinations would be recorded and the circumstances, if any, where a plaintiff-examinee's counsel or other representative could be present during examinations. He added that the present situation is one of unguided judicial discretion exercised by individual trial judges. He further commented that he favored Alternative One because it represented a compromise position and also was a modest initial step toward achieving greater statewide consistency in how these matters are ruled on while not depriving trial judges of their appropriate discretion.

Mr. Spooner noted that positions had indeed evolved in the course of considering and drafting these alternative proposals. He added that he thought Alternative Two was the best among the present alternatives because it provided sanctions for disrupting examinations and also for the making of records of examinations. He further added that he thought the plaintiffs bar had exaggerated the problem of improper questioning of examinees by examiners in an effort to get a major change in long-established practice adopted.

Mr. Gaylord responded that the documented experience in Washington State showed that serious problems relating to court-order medical examinations do in fact exist. He also observed that the Washington counterpart of ORCP 44 C, which is identical to Alternative One, has worked well and has not generated any reported problems. He concluded by saying that he thought this is a matter that has been presented to the Council to deal with, and that it was its responsibility to do so.

Judge Isaacson raised the question as to whether, if one of these alternatives is promulgated, it would override the ethical prohibition against contact by a lawyer or agent of a lawyer with an opposing litigant. Judge Marcus responded that he did not think any of the alternatives would change the ethical situation one way or the other.

Following a short break, Judge Marcus, seconded by Ms. Clarke, offered a motion to promulgate Alternative One. This motion was not agreed to, 14 members voting in favor and 8 members opposed. Mr. Spooner, seconded by Judge Coon, offered a motion to promulgate Alternative Two. This motion was not agreed to, 10 members voting in favor and 12 opposed.

Discussion of this item concluded by Justice Durham saying that he wished to acknowledge the good work of Ms Clarke and Mr. Spooner in connection with this project.

**Agenda Item 5: Suggestions regarding Staff Comments (Mr. Alexander).** Mr. Alexander noted that most of the Staff Comments prepared by Prof. Holland related to proposed amendments that were not approved for promulgation. There was some discussion as to which, if any, other Staff Comments should be published, in particular what the Comment to the Rule 58 amendments should say about trial judges' discretion to permit oral juror questions. The consensus of the members was that no Staff Comments should be published respecting the Rule 7 and Rule 58 amendments, but that the one prepared by Prof. Holland should be published respecting the Rule 21 amendment.

**Agenda Item 6: Discussion regarding the proposed Oregon Rules of Juvenile Court Procedure (ORJCP) (Prof. Holland).** Prof. Holland explained that the proposed ORJCP had been prepared by the Oregon Law Commission for submission to the 2001 Legislature. He further explained that Rep. Lane Shetterly, who is the Chair of the Commission, has asked that the Council consider whether it was in a position appropriately to undertake the same responsibility respecting the ORJCP, assuming the latter are enacted by the Legislature, as it has with regard to the ORCP; that is, to keep the ORJCP up to date and propose amendments to them from time to time as needed.

Mr. Alexander stated his concern that, if the Council were to assume ongoing responsibility for the ORJCP, some number of new members with expertise in juvenile justice would have to be added to the Council's membership, those new members would probably come to constitute a separate committee composed of people with little or no interest in the ORCP. Justice Durham commented that, if this new function is going to be undertaken by the Council, the impetus should come from the Legislature and the Council should not take the initiative by in effect asking for this additional assignment. The consensus of the members was that adding the proposed ORJCP to the Council's responsibility was not something the Council should in effect request be done.

**Agenda Item 7: Election of year 2001 officers (Mr. Alexander).** Judge Marcus offered a motion, duly seconded, that the existing officers of the Council be reappointed for the year 2001, they being Mr. Alexander as Chair, Mr. Spooner as Vice Chair, and Mr. McMillan as Treasurer. This motion was unanimously agreed to. Mr. Gaylord then offered a motion,

seconded by Ms. Clarke, that nominations be closed, which was unanimously agreed to. Thus Mr. Alexander, Mr. Spooner, and Mr. McMillan were elected officers of the Council for the year 2001. It was noted with regret that neither Mr. Alexander nor Mr. McMillan will be Council members after the expiration of their terms on August 31, 2001, following which Mr. Spooner will, in accordance with the Council's Rules of Procedure, become Acting Chair pending election of officers for the year 2002 at the January 2002 meeting.

**Agenda Item 8: Election of Legislative Advisory Committee (LAC) for the 2001 Legislative Assembly (Mr. Alexander).** The following members were unanimously elected members of the 2001 LAC: Judge Dickey, Mr. Gayord, Judge Linder, Mr. McMillan, and Mr. Spooner.

**Agenda Item 9: Old business.** No item of old business was raised.

**Agenda Item 10: New business.** Judge Rasmussen moved a vote of thanks for the dedicated work and contributions to the Council on the part of all members whose terms would expire prior to its next meeting in October, 2001. This was unanimously agreed to. Mr. McMillan commented that, as a non-lawyer and the public member, he had been enormously impressed by the seriousness with which the Council undertook its responsibilities and by the consistent quality of effort on the part of all members.

Prof. Holland reminded practitioner members whose first terms would expire on August 31, 2001 and were hence eligible for reappointment to a second term that, if they wished to serve a second term, they should make their wish known to the OSB Board of Governors, since in recent years reappointment to second terms has by no means been automatic.

**Agenda Item 11: Adjournment.** Without objection Mr. Alexander declared the meeting adjourned at 11:46 a.m.

Respectfully submitted,

Maury Holland  
Executive Director

**REPORT AND COMMENTS RE RULE 44/55 PROPOSAL**

**BILL GAYLORD**

**12/9/00**

**1. HISTORY**

**THE ISSUES ADDRESSED BY THESE PROPOSED CHANGES WERE FIRST PRESENTED TO THE COUNCIL IN 1996 DURING MY YEAR AS CHAIR. THE IMPETUS FOR CHANGE CAME FROM EACH OF THE INTEREST GROUPS INVOLVED IN THE EXCHANGE OF MEDICAL RECORDS IN LITIGATION:**

**1) DEFENSE BAR COMPLAINTS ABOUT NOT BEING ABLE TO BE SURE THEY WERE RECEIVING THE FULL MEDICAL RECORDS, AND THAT NO TWO SETS OF SUPPOSEDLY THE SAME RECORDS FROM THE SAME PROVIDER EVER TURNED OUT TO BE IDENTICAL;**

**2) MEDICAL PROVIDERS COMPLAINING THAT THEY WERE BEING OPPRESSED WITH NUMEROUS AND REPETITIOUS REQUESTS OR SUBPOENAS FOR THE SAME MEDICAL RECORDS, AND THAT THEY WERE CONSTANTLY CONFUSED ABOUT WHICH RULES APPLIED TO THEIR CONDUCT BECAUSE OF IRRATIONALLY DIFFERENT RULES IN E.G. DRCP 55H AND 55I FOR HOSPITAL RECORDS VERSUS MEDICAL OFFICE RECORDS, AND FURTHER CONFUSED BY THE OBLIGATIONS THEY HAVE TO HONOR CERTAIN FEDERAL RESTRICTIONS ON DISCLOSURES OF E.G. DRUG RECORDS, MENTAL HEALTH RECORDS, AND AIDS TESTING RECORDS; AND**

**3) PLAINTIFF'S LAWYERS COMPLAINING THAT THEY WERE BEING REQUIRED PROVIDE MEDICAL RECORDS TO THE DEFENSE FIRST BY RESPONSES TO REQUESTS FOR PRODUCTION UNDER DRCP 43, THEN ALL OVER AGAIN AT CONSIDERABLE EXPENSE AND TIME, THROUGH MULTIPLE SUBPOENAS TO PROVIDERS; AND THAT PATIENTS WERE GIVING DE FACTO WAIVERS OF THEIR MEDICAL PRIVILEGES AND VALID OBJECTIONS TO THE SCOPE OF DISCOVERY OF SUCH RECORDS WHEN THEY WERE PUT IN THE HANDS OF DEFENDANTS COUNSEL BEFORE PLAINTIFFS HAD SUFFICIENT OPPORTUNITY TO EXAMINE THE SUBPOENA OR THE RECORDS.**

**IN RESPONSE TO THESE OUTCRIES, WITH FULL COUNCIL APPROVAL, I APPOINTED A SUBCOMMITTEE OF COUNCIL MEMBERS, CHAIRED BY JUDGE ANNA BROWN, TO STUDY AND PROPOSE ALTERNATIVE WAYS TO ACCOMPLISH THE EXCHANGE OF MEDICAL RECORDS, AND SOLVE SOME OR ALL OF THESE COMPLAINTS. I ALSO SERVED AS A MEMBER OF THIS SUBCOMMITTEE FROM ITS INCEPTION, ALONG WITH TWO MEMBERS OF THE DEFENSE BAR, AND A HEALTH CARE LAWYER REPRESENTING MEDICAL PROVIDERS. THE SUBCOMMITTEE MET SEVERAL TIMES DURING THE FIRST THREE YEARS OF ITS EXISTENCE UNDER THE LEADERSHIP OF JUDGE BROWN. DURING THAT TIME,**

BASIC FRAMEWORK OF THE CURRENT PROPOSED NEW RULES WERE  
PTED WITHOUT OPPOSITION AMONG THE SUBCOMMITTEE MEMBERS.  
URING THE 1998 SESSION OF THE COUNCIL, JUDGE BROWN REPORTED ON  
HE SUBCOMMITTEE'S WORKING CONCEPTS, AND IT WAS CLEAR TO THE  
OUNCIL THAT THE SUBJECT WAS PREMATURE FOR COUNCIL ACTION.  
DETAILS OF DRAFT LANGUAGE TO CARRY OUT AGREED GOALS AND METHODS  
IF THE SUBCOMMITTEE WERE STILL BEING WORKED ON WHEN JUDGE BROWN  
LEFT THE COUNCIL IN 1999 DUE TO HER APPOINTMENT TO THE FEDERAL  
COURT.

MEANWHILE, APPROXIMATELY A YEAR PASSED WHILE THE COUNCIL WAS  
OUT OF SESSION, AND NO FULL SUBCOMMITTEE MEETINGS TOOK PLACE  
BECAUSE THERE WAS NO NEW DRAFT OF THE RULES FOR REVIEW OR  
DISCUSSION. BY THAT TIME I HAD BECOME BY DEFAULT THE UNOFFICIAL  
SCRIVENER OF THE SUBCOMMITTEE. IN THAT ROLE DURING THE 1999 BY-  
YEAR, I MET WITH JUDGE BROWN SEVERAL TIMES AT HER REQUEST, SO THAT  
SHE AND I COULD RECONSTRUCT THE STATE OF THE DRAFT RULES, AND  
USING HER NOTES FROM EARLIER MEETINGS, PUT THE REST OF THE  
STRUCTURAL PIECES TOGETHER SO THAT THE DRAFT RULES WOULD COVER  
ALL THE NECESSARY SUBJECTS THAT WE HAD IDENTIFIED. WITH HER  
APPROVAL, I THEN PRESENTED THE COMPLETE-TO-DATE (BUT NOT YET FINAL)  
DRAFT OF THE SUBCOMMITTEE'S WORK TO BOTH THE NEWLY AUTHORIZED AND  
RE-POPULATED SUBCOMMITTEE AND THE FULL COUNCIL SOMETIME EARLY  
THIS YEAR.

THE CURRENT SUBCOMMITTEE THEN MET SEVERAL TIMES IN THE  
PRING, WORKED OUT REMAINING DETAILS OF THE DRAFT, AND WITH THE  
COUNCIL'S APPROVAL, DISSEMINATED THE DRAFT TO OBVIOUS INTERESTED  
PARTIES FOR THEIR INPUT. THAT PROCESS LED TO COMMENTS RECEIVED IN  
WRITING FROM MEMBERS OF THE DEFENSE BAR, THE OREGON MEDICAL  
ASSOCIATION, AND THE OREGON HOSPITAL ASSOCIATION, FOLLOWED BY  
SUBCOMMITTEE MEETINGS ATTENDED BY REPRESENTATIVES OF EACH OF  
THOSE GROUPS. FROM THAT PROCESS WE IDENTIFIED POINTS OF  
CONTENTION, PRIMARILY BETWEEN DEFENSE LAWYERS AND MEDICAL  
PROVIDERS, OVER WHICH WAS THE BEST ALTERNATIVE AMONG THREE  
DIFFERENT POSSIBLE VERSION OF THE RULES. THESE CHOICES DIFFERED  
ONLY WITH RESPECT TO 1) WHETHER THE PATIENT WOULD HAVE TWO  
OPPORTUNITIES OR ONLY ONE TO OBJECT TO THE SCOPE AND TO RAISE  
PRIVILEGE ISSUES BEFORE THE RECORDS WERE PROVIDED TO DEFENSE  
COUNSEL, AND 2) WHETHER OR NOT THE RULES WOULD ENCOURAGE  
MULTIPLE PARTIES TO JOIN IN A SINGLE SUBPOENA TO PERMIT/REQUIRE  
MEDICAL PROVIDERS TO PACKAGE AND MAIL COPIES OF THE RECORDS FOR  
EACH OF THEM.

THESE ISSUES WERE ALL RESOLVED BY THE COUNCIL IN FAVOR OF  
GIVING THE DEFENSE BAR ITS PREFERENCES, AT OUR SEPTEMBER MEETING  
WHEN WE VOTED TO PUBLISH ONLY THE VERSION OF RULE CHANGES NOW  
BEFORE US.

## **2, CURRENT STATUS**

SINCE THE SEPTEMBER MEETING, I HAVE LEARNED THAT THE OADC  
HAS DECIDED NOT TO PARTICIPATE ANY FURTHER IN THIS EFFORT TO IMPROVE

N AND STANDARDIZE THE METHODS AVAILABLE FOR THEIR ACQUISITION  
MEDICAL RECORDS. I HAVE BEEN ADVISED IN CLEAR TERMS THAT IT IS  
THEIR WISH TO REPLACE DECADES OF OREGON STATUTORY AND CASE LAW  
WITH AN AUTOMATIC WAIVER OF ALL PHYSICIAN-PATIENT PRIVILEGES WHEN  
ANY LAWSUIT FOR PERSONAL INJURY IS FILED. THEY INTEND TO TAKE THIS  
POSITION BEFORE THE OREGON LEGISLATURE IN THE SPRING AND SEE IF  
THEY HAVE THE POLITICAL POWER TO DO THIS TO OREGON LITIGANTS,  
COURTS AND MEDICAL PROVIDERS.

AT THE SAME TIME, THERE HAVE BEEN RUMBLINGS OF CONCERN FROM  
A FEW PLAINTIFF'S LAWYERS ABOUT THE PRACTICAL EFFECTS OF THE  
PROPOSED NEW RULES. I HAVE NOT HEARD FROM REPRESENTATIVES OF THE  
DMA ABOUT THEIR FINAL POSITION ON THESE IDEAS, BUT THEY HAD BEEN  
LUKEWARM AT BEST, FOR REASONS MENTIONED ABOVE. I BELIEVE THEY ARE  
LESS CONCERNED NOW THAN ORIGINALLY THAT THIS PROPOSAL WOULD  
INCREASE THE BURDEN ON THEM TO MAKE AND SEND COPIES OF RECORDS,  
BUT THEY REMAIN UNHAPPY ABOUT THE FACT THAT WE DELETED THE  
OPPORTUNITY FOR PATIENTS' LAWYERS TO OBJECT TO THE SCOPE AND  
PRIVILEGES BEFORE THEY ARE REQUIRED TO PRODUCE AND PACKAGE THE  
COPIES.

IN ADDITION, I HAVE RECEIVED A SPECIFIC QUESTION/OBJECTION FROM  
GWEN DAYTON, LAWYER FOR THE OHA, TO THE FACT THAT THE INSTRUCTION  
SHEET TO BE SENT TO MEDICAL PROVIDERS WITH THE SUBPOENA FORWARDED  
BY THE PATIENT'S LAWYER, IS NOT MENTIONED FOR INCLUSION WITH A  
SUBPOENA SENT DIRECTLY BY THE DEFENSE LAWYER. THEY THINK THE  
INSTRUCTION SHEET IS A GOOD IDEA, AND SHOULD BE REQUIRED NO MATTER  
WHO SERVES A SUBPOENA. I ADMIT THAT THIS IS A DIFFERENCE THAT WAS  
UNNOTICED IN THE DRAFTING AND DISCUSSION ABOUT THE RULES, AND  
PROBABLY SHOULD BE UNIFORM REGARDLESS WHOSE SUBPOENA IT IS.  
THERE MAY BE OTHER GLITCHES AS YET UNFOUND IN THE PROVISIONS OF  
THESE RULES, AND I AM MORE THAN A LITTLE UNCOMFORTABLE WITH THE  
STATE OF FINISH ON WHAT YOU HAVE BEFORE YOU. I DON'T SUGGEST THAT  
IT IS SO FAR FROM DONE THAT IT COULDN'T BE PASSED AND PUT TO USE,  
BUT IT ALSO COULD BE BETTER, AND PROBABLY SHOULD BE IN LIGHT OF THE  
LEVEL OF AMBIVALENCE AND OPPOSITION TOWARD IT TO DATE.

### 3. CONCLUSION

I DO NOT BELIEVE WE COULD CONSIDER OUR WORK ON THIS SUBJECT  
AREA DONE AT THE END OF THIS SESSION EVEN IF WE PASSED THE PRESENT  
PROPOSAL WITH THE REQUISITE 15 VOTES. MOREOVER, LACKING SUPPORT  
FROM THE OADC MEMBERS OF THIS COUNCIL, I DOUBT WE CAN OBTAIN THE  
VOTES TO PASS IT. FRANKLY, I FEAR THAT TRYING AND FAILING TO PASS  
THIS PACKAGE OF CHANGES WOULD RESULT IN A GREATER THREAT TO OUR  
FUTURE ABILITY TO MAKE A GOOD SOLUTION THAN LEAVING THE WHOLE  
SUBJECT ON THE TABLE FOR FURTHER WORK, PREFERABLY WITH SOME NEW  
BLOOD, BY AT LEAST ONE MORE SEASON OF THIS COUNCIL. WITH ALL DUE  
RESPECT TO OUR OADC COLLEAGUES AND THEIR AMBITIOUS POLITICAL  
AGENDAS, I FIRMLY BELIEVE THIS IS SOMETHING BETTER DONE BY CAREFUL  
COOPERATIVE WORK WITH ALL THE INTERESTED GROUPS REPRESENTED  
UNDER THE GUIDANCE OF A WELL CREDENTIALLED MEMBER OF THIS COUNCIL,

THAN BY ANY PART OF THE ELECTED LEGISLATURE, ESPECIALLY IN THIS ERA  
SO FEW LAWYER-LEGISLATORS AND SO MUCH INEXPERIENCE BUILT INTO  
THE HALLS OF SALEM.

I WILL THEREFORE, IN A MINUTE, MOVE TO TABLE THE SUBJECT OF  
CHANGES TO DRCP 44 AND 55 DEALING WITH MEDICAL RECORDS  
SUBPOENAS. FIRST, I WANT TO EXPLAIN THE REST OF MY MOTION BEFORE I  
MAKE IT.

I BELIEVE THE COUNCIL SHOULD RE-COMMISSION A SUBCOMMITTEE TO  
CONTINUE TO WORK ON THIS SET OF RELATED ISSUES, AND TO ENTERTAIN  
ANY AND ALL IDEAS FOR HOW TO STREAMLINE, SIMPLIFY, AND IMPROVE THE  
PROCESSES WE USE FOR PRODUCTION OF MEDICAL RECORDS IN LITIGATION,  
AND TO PRESERVE AND ENHANCE THE SYSTEMATIC RECOGNITION AND  
ENFORCEMENT OF CONFIDENTIALITY, CONSISTENT WITH A REASONABLE SCOPE  
OF DISCOVERY OF MATTERS RELATED TO AN INJURY FOR WHICH RECOVERY IS  
SOUGHT. I BELIEVE THE NEW SUBCOMMITTEE SHOULD BE CONSTITUTED  
WITHOUT LIMITATION TO COUNCIL MEMBERSHIP, SO THAT THE OBVIOUS  
INTEREST GROUPS ARE EACH WELL REPRESENTED. FOR EXAMPLE, I WOULD  
LIKE TO SEE A MEMBER OF THE EXECUTIVE COMMITTEE OF OADC ASKED TO  
SERVE, AS WELL AS GWEN DAYTON FOR THE OHA, TOM COONEY THE  
YOUNGER FOR OMA, AND SOMEONE LIKE ROBERT NEURBERGER OR ANOTHER  
SEASONED PERSON FOR OTLA. I BELIEVE THE CHAIRSHIP OF THE  
SUBCOMMITTEE SHOULD BE TAKEN OVER BY A JUDICIAL MEMBER OF THIS  
COUNCIL. I BELIEVE SUCH SUBCOMMITTEE SHOULD BE ASKED TO COMMIT  
ITSELF TO REPORTING A PROPOSAL TO THE NEXT SESSION OF THE COUNCIL  
EARLY IN ITS SEASON, SO THAT A FULL DISCUSSION OF THE IDEAS CAN BE  
HAD WITHIN THE FULL COUNCIL.

I WOULD BE HAPPY TO ACT AS A LIAISON TO A NEW SUBCOMMITTEE  
LONG ENOUGH TO TURN OVER AND EXPLAIN THE HISTORICAL FILES IN MY  
POSSESSION, BUT I DON'T WANT TO BE ENGAGED IN THE DEBATE BEYOND  
THAT. LET ME CLARIFY THAT I AM NOT AT ALL UPSET WITH MY OWN  
CONCLUSION THAT THIS WORK IS NOT DONE, NOR DO I REGRET THE WORK  
THAT MY FELLOW SUBCOMMITTEE MEMBERS AND I HAVE DONE. I AM A LITTLE  
TIRED OF IT, AND GLAD TO THINK IT MIGHT BE CARRIED ON WITH NEW  
INTEREST AND NEW PEOPLE. THAT'S NOT TO SAY I AM PLEASED AT THE  
SPECTRE OF OUR OADC COLLEAGUES ABANDONING THIS ORDERLY AND  
LAWYERLY WAY OF WORKING FOR USEFUL IMPROVEMENT OF THE RULES IN  
FAVOR OF A WHAT IS LIKELY TO BE A BLOODY DISPUTE IN A MUCH LESS  
CONSTRUCTIVE SETTING FOR THE SAKE OF A VERY DIVISIVE AND  
REACTIONARY GOAL.

THEREFORE, I MOVE TO TABLE DRCP 44 AND 55 CHANGES, AND THAT  
THE CHAIR APPOINT A NEW SUBCOMMITTEE TO STUDY THESE ISSUES AND  
PREPARE A REPORT OF ANY NEW DRAFT RULES TO THE COUNCIL NOT LATER  
THAN JANUARY 15, 2002.

## Attachment A to 10-13-01 Meeting Agenda

### Summary of 2001 Legislative Assembly

1. Funding. Without any difficulty or resistance the Council was refunded for the 2001-03 biennium at nearly the same level as in recent past biennia. Ralph Spooner and I testified on the budget request before the joint subcommittee of Ways & Means, and got not even a single hostile question.

2. HB 3251 to amend ORS 1.735(2) to modify the "exact language" requirement. This bill failed of passage in the Senate and thus did not become law. I testified in support of the bill before a House Committee (a summary of my testimony is attached)--there was no testimony in opposition--and the Committee voted unanimously "do pass." It was subsequently voted on favorably by the full House. But it was never called for hearing by the Senate, and seems to have gotten "lost in the shuffle" near the end of the session. As far as I could tell there was no opposition on the merits of this bill on the part of any legislator. Perhaps we should try again in 2003.

3. ORCP amendments promulgated by the Council at its 12-9-00 meeting. None of the 2000 amendments, effective Jan. 1, 2002, was disallowed or modified by the Legislature.

4. ORCP amendments by the 2001 Legislative Assembly:

a. ORCP 55 H(1) was amended effective 1-1-02 by OR LAWS 2001, c. 104, §3 as follows (**matter added in bold underlined; deleted italicized enclosed in square brackets**):

**"H Hospital records.**

"H(1) Hospital. As used in this rule, unless the context requires otherwise, 'hospital' means a [*health care facility*] **hospital, as defined in ORS 442.015 [14(a) through (d) and] (19), or a long term care facility or an ambulatory surgical center, as those terms are defined in ORS 442.015, that is licensed under ORS 441.015 through 441.097 and community health programs established under ORS 430.610 through 430.695.**"

\* \* \*

b. ORCP 69 was amended effective 1-1-02 by OR LAWS 2001, c. 418, §1 as follows:

**"B Entry of default judgment.**

\* \* \*

"[B(1)(d) *The party against whom judgment is sought is not a minor or a person who is incapacitated or financially incapable, as defined by ORS 125.005, and such is shown by affidavit.*]

**"B(1)(d) The party seeking judgment submits an affidavit showing that, to the best knowledge and belief of the party**

seeking judgment, the party against whom judgment is sought is not incapacitated as defined in ORS 125.005, a minor, a protected person as defined in ORS 125.005 or a respondent as defined in ORS 125.005;

\* \* \*

*"[B(2) By the court. In all other cases, the party seeking a judgment by default shall apply to the court therefor, but no judgment by default shall be entered against a minor or a person who is incapacitated or financially incapable, as defined by ORS 125.005, unless the minor or person has a general guardian or is represented in the action by another representative as provided in Rule 27.*

**"B(2) By the court. In cases other than those cases described in subsection (1) of this section, the party seeking judgment must apply to the court for judgment by default. The party seeking judgment must submit the affidavit required by subsection (1)(d) of this section if, to the best knowledge and belief of the party seeking judgment, the party against whom judgment is sought is not incapacitated as defined in ORS 125.005, a minor, a protected person as defined in ORS 125.005 or a respondent as defined in ORS 125.005. If the party seeking judgment cannot submit an affidavit under this subsection, a default judgment may be entered against the other party only if a guardian ad litem has been appointed or the party is represented by another person as described in Rule 27. \* \* \***

\* \* \*

c. ORCP 70 A was amended by OR LAWS 2001, c. 417, §2, effective 1-1-02 as follows:

\* \* \*

"A(2)(a)(viii) If the judgment awards costs and disbursements or attorney fees, that they are awarded [*and*], any specific amounts awarded, **a clear identification of the specific claims for which any attorney fees are awarded and the amount of attorney fees awarded for each claim.** This subparagraph does not require inclusion of specific amounts where such will be determined later under Rule 68 C.

\* \* \*

d. ORCP 81 A was amended effective 1-1-02 by OR LAWS 2001, c. 445, §186 as follows:

\* \* \*

"A(4) Consumer goods. 'Consumer goods' means consumer goods as defined in [ORS 79.1090] section 2 of this 2001 Act."

e. ORCP 84 D was amended effective 1-1-02 by OR LAWS 2001, c. 249, §79 as follows:

\* \* \*

"D(2)(b) Other personal property. Tangible and intangible personal property in the possession, control or custody of or debts or other monetary obligations owing by a third person shall be attached by writs of garnishment issued by the clerk of a court or by an attorney as provided in [ORS 29.125 to 29.375 and 29.401 to 29.415] sections 1 to 65 of this 2001 Act.

"D(3) Notice to defendant. After taking property into custody under subsection 2(a) of this section, the sheriff shall promptly mail or deliver to the defendant, at the last-known address of the defendant, a copy of the writ of attachment, a copy of the claim of lien filed pursuant to section C of this rule, if any, a notice of exemptions form provided by section 64 of this 2001 Act, and a challenge to garnishment form provided by section 65 of this 2001 Act. The sheriff may meet the requirements of this subsection by mailing the documents to the last-known address of the defendant as provided by the plaintiff. The sheriff may withhold execution of the writ until the plaintiff provides such address or a statement that the plaintiff has no knowledge of the defendant's address. The sheriff shall have no duty under this subsection if the plaintiff provides a statement that the plaintiff has no knowledge of the defendant's address."

\* \* \*

5. Other items of possible interest:

a. HB 2932, which would have amended ORS 40.235 to provide that the physician-patient privilege would not apply to any communication relevant to a physical, mental, or emotional condition of a patient if the patient relies upon the condition as an element of his or her claim or defense, failed to obtain a do pass in committee and thus failed of enactment. Among other things this means that the anomaly created by ORCP 44 C persists.

b. OR LAWS 2001, c. 417, of which the amendment to ORCP 70 A shown at 4c above was a part, effective 1-1-02, made several important procedural changes respecting awards of attorney fees.

## Summary of Testimony in Support of HB 3251

House Bill 3251, which would amend ORS 1.735(2), is proposed by the Council on Court Procedures and, in fact, was prepared by Council members. Its purpose is to enable the Council to take better advantage of the 30-day comment period between the October date on which proposed amendments to the Oregon Rules of Civil Procedure (ORCP) are published and the December meeting at which the Council takes final votes on whether actually to promulgate such amendments.

Since the Council came into existence in 1977 the statutes under which it operates, in particular ORS 1.735(2), have required that, at least 30 days prior to the December meeting at which it votes on whether to promulgate ORCP amendments, the full text of all amendments being considered for promulgation be published and that comments on them be invited from the bench, the bar, and the public. Nearly every biennium several comments are submitted, are carefully considered by the Council, and have often proved helpful or, rather, would prove helpful were it not for the "exact language" requirement of existing ORS 1.735(2).

Operating under the present "exact language" requirement of ORS 1.735(2) the Council may promulgate ORCP amendments only in the precise form that they were published. This means that the Council is effectively prohibited from making even the slightest improvements in the wording, or even punctuation, in other words the drafting, of any amendment as published, even if those improvements would not in any way alter its meaning or effect.

Naturally, the Council takes great pains to ensure that every amendment, before being published for comment, is drafted in the best possible fashion. However, there is no doubt but that it occasionally receives comments by which the drafting might be improved, a possible ambiguity removed, a more precise word or phrase substituted for a less precise one which might engender needless litigation. But the "exact language" requirement of the present ORS 1.735(2) prohibits the Council from adopting and gaining the benefit from any suggestions for improved drafting, even if it would involve only such small changes as a modification of punctuation or a division of one long, difficult-to-read sentence into two much clearer ones.

The "exact language" restriction was added to ORS 1.735(2) in 1993. Since then it has operated almost totally to deprive the Council of the benefit that can be gained from having the comment period. Although the Council has always been required to publish tentative amendments for comment, and properly so, during its first 13 years it was not subject to this hobbling restriction. On two or three occasions during those 13 years the drafting of an ORCP amendment was improved by adoption of one or more comments that were submitted by lawyers or judges. Although my own belief is that the Council does an excellent job, it certainly claims no monopoly of wisdom when it comes to drafting amendments to the practice rules of Oregon's trial courts.

The Council strongly supports this bill, and respectfully requests that it be enacted so that it can carry out its responsibilities in the best possible fashion, a fashion that would restore its freedom to take full advantage of the often valuable input it receives in the form of comments from the bench and bar. I believe that the statutory amendment that HB 3251 would accomplish includes ample safeguards against the Council's ever abusing that freedom even on the farfetched assumption that it might ever be inclined to do so. Those safeguards take the form of specific reporting requirements, to the Legislative Assembly, the bench, the bar, and the public, of any modification of an ORCP from the exact form in which it was published to the form in which it is promulgated.

Respectfully submitted,

Maury Holland, Executive Director  
Oregon Council on Court Procedures

PROPOSAL NO. 2: PROPOSED AMENDMENTS  
TO RULES 44/55

8 PHYSICAL AND MENTAL EXAMINATION OF PERSONS;  
9 REPORTS OF EXAMINATIONS; PRETRIAL DISCOVERY  
10 OF HEALTH CARE RECORDS  
11 RULE 44

12 A Order for examination.

13 (text unchanged)

14 B Report of examining physician or psychologist.

15 (text unchanged)

16 [C Reports of examinations; claims for damages for injuries.  
17 In a civil action where a claim is made for damages for injuries  
18 to the party or to a person in the custody or under the legal  
19 control of a party, upon the request of the party against whom  
20 the claim is pending, the claimant shall deliver to the requesting  
21 party a copy of all written reports and existing notations of any  
22 examinations relating to injuries for which recovery is sought  
23 unless the claimant shows inability to comply.]

24 C Health care records.

25 C(1) Definitions. As used in this rule, "health care  
26 records" means medical records as defined in ORS  
27 192.525(8), health care records of a health care provider  
28 as defined in ORS 192.525(9) and (10), and health care  
29 records of a community health program established under  
30 ORS 430.610 through 430.695.

33 C(2) Pretrial discovery of health care records from a  
34 party. Any party against whom a civil action is filed for  
35 damages to another party for injuries or death may obtain  
36 copies of all health care records relating to the damages  
37 for which recovery is sought within the scope of discovery  
38 under section B of Rule 36 by either

40 C(2)(a) serving a request for production for such  
41 records on the damaged party or its legal custodian or

42 guardian pursuant to Rule 43; or

44 C(2)(b) obtaining the voluntary written consent to  
45 release of the records to such party from the damaged  
46 party or its legal custodian or guardian before seeking  
47 them from the health care provider.

49 C(3) Pretrial discovery of health care records  
50 directly from health care provider or facility. Health  
51 care records within the scope of discovery under section B  
52 of Rule 36 may be obtained by a party against whom a civil  
53 action is filed for damages to another party for injuries  
54 or death only by the procedure described in paragraph  
55 (2)(b) above, or by the procedures described in section H  
56 of Rule 55.

58 D Report; effect of failure to comply.

) (text unchanged)

62 [E Access to hospital records. Any party against whom a  
63 civil action is filed for compensation or damages for injuries may  
64 obtain copies of all records of any hospital in reference to and  
65 connected with any hospitalization or provision of medical  
66 treatment by the hospital of the injured person within the scope  
67 of discovery under Rule 36 B. Hospital records shall be obtained  
68 by subpoena in accordance with Rule 55 H.]

70

73

74

75

SUBPOENA  
RULE 55

77

(A through E unchanged)

79 F Subpoena for taking depositions or requiring  
80 production of books, papers, documents, or tangible  
81 things; place of production and examination.

83 F(1) (unchanged)

85 F(2) (unchanged)

87 F(3) **Production without examination or deposition.** A  
88 party who issues a subpoena may command the person to whom it is  
89 issued[, *other than a hospital,*] to produce books, papers,  
90 documents, or tangible things other than health care records  
91 by mail or otherwise, at a time and place specified in the  
92 subpoena, without commanding inspection of the originals or a  
93 deposition. In such instances, the person to whom the subpoena is  
94 directed complies if the person produces copies of the specified  
95 items in the specified manner and certifies that the copies are  
96 true copies of all the items responsive to the subpoena or, if all  
97 items are not included, why they are not.

99 **G Disobedience of subpoena; refusal to be sworn or**  
100 **answer as a witness.**

102 (unchanged)

104 [*H Hospital records.*

106 H(1) *Hospital.* As used in this rule, unless the context  
107 requires otherwise, "hospital" means a health care facility  
108 defined in ORS 442.015 (14) (a) through (d) and licensed under ORS  
109 441.015 through 441.097 and community health programs established  
110 under ORS 430.610 through 430.695.

112 H(2) *Mode of compliance.* Hospital records may be obtained by  
113 subpoena only as provided in this section. However, if disclosure  
114 of any requested records is restricted or otherwise limited by  
115 state or federal law, then the protected records shall not be  
116 disclosed in response to the subpoena unless the requirements of  
117 the pertinent law have been complied with and such compliance is  
118 evidenced through an appropriate court order or through execution  
119 of an appropriate consent. Absent such consent or court order,  
120 production of the requested records not so protected shall be  
121 considered production of the records responsive to the subpoena.  
122 If an appropriate consent or court order does accompany the  
123 subpoena, then production of all records requested shall be  
124 considered production of the records responsive to the subpoena.

126 H(2) (a) Except as provided in subsection (4) of this section,

127 when a subpoena is served upon a custodian of hospital records in  
129 an action in which the hospital is not a party, and the subpoena  
130 requires the production of all or part of the records of the  
131 hospital relating to the care or treatment of a patient at the  
132 hospital, it is sufficient compliance therewith if a custodian  
133 delivers by mail or otherwise a true and correct copy of all the  
134 records responsive to the subpoena within five days after receipt  
135 thereof. Delivery shall be accompanied by the affidavit described  
136 in subsection (3) of this section. The copy may be photographic or  
microphotographic reproduction.

138 H(2)(b) The copy of the records shall be separately enclosed  
139 in a sealed envelope or wrapper on which the title and number of  
140 the action, name of the witness, and date of the subpoena are  
141 clearly inscribed. The sealed envelope or wrapper shall be  
142 enclosed in an outer envelope or wrapper and sealed. The outer  
143 envelope or wrapper shall be addressed as follows: (i) if the  
144 subpoena directs attendance in court, to the clerk of the court,  
145 or to the judge thereof if there is no clerk; (ii) if the subpoena  
146 directs attendance at a deposition or other hearing, to the  
147 officer administering the oath for the deposition, at the place  
148 designated in the subpoena for the taking of the deposition or at  
149 the officer's place of business; (iii) in other cases involving a  
150 hearing, to the officer or body conducting the hearing at the  
151 official place of business; (iv) if no hearing is scheduled, to  
152 the attorney or party issuing the subpoena. If the subpoena  
153 directs delivery of the records in accordance with subparagraph  
154 H(2)(b)(iv), then a copy of the subpoena shall be served on the  
155 person whose records are sought and on all other parties to the  
156 litigation, not less than 14 days prior to service of the subpoena  
157 on the hospital.

159 H(2)(c) After filing and after giving reasonable notice in  
160 writing to all parties who have appeared of the time and place of  
161 inspection, the copy of the records may be inspected by any party  
162 or the attorney of record of a party in the presence of the  
163 custodian of the court files, but otherwise shall remain sealed  
164 and shall be opened only at the time of trial, deposition, or  
165 other hearing, at the direction of the judge, officer, or body  
166 conducting the proceeding. The records shall be opened in the  
167 presence of all parties who have appeared in person or by counsel  
168 at the trial, deposition, or hearing. Records which are not  
169 introduced in evidence or required as part of the record shall be  
170 returned to the custodian of hospital records who submitted them.

172 H(2)(d) For purposes of this section, the subpoena duces  
173 tecum to the custodian of the records may be served by first class  
174 mail. Service of subpoena by mail under this section shall not be  
175 subject to the requirements of section D(3) of this rule.

H(3) Affidavit of custodian of records.

H(3)(a) The records described in subsection (2) of this section shall be accompanied by the affidavit of a custodian of the hospital records, stating in substance each of the following: (i) that the affiant is a duly authorized custodian of the records and has authority to certify records; (ii) that the copy is a true copy of all the records responsive to the subpoena; (iii) that the records were prepared by the personnel of the hospital, staff physicians, or persons acting under the control of either, in the ordinary course of hospital business, at or near the time of the act, condition, or event described or referred to therein.

H(3)(b) If the hospital has none of the records described in the subpoena, or only part thereof, the affiant shall so state in the affidavit, and shall send only those records of which the affiant has custody.

H(3)(c) When more than one person has knowledge of the facts required to be stated in the affidavit, more than one affidavit may be made.

H(4) Personal attendance of custodian of records may be required.

H(4)(a) The personal attendance of a custodian of hospital records and the production of original hospital records is required if the subpoena duces tecum contains the following statement:

---

The personal attendance of a custodian of hospital records and the production of original records is required by this subpoena. The procedure authorized pursuant to Oregon Rule of Civil Procedure 55 H(2) shall not be deemed sufficient compliance with this subpoena.

---

H(4)(b) If more than one subpoena duces tecum is served on a custodian of hospital records and personal attendance is required under each pursuant to paragraph (a) of this subsection, the custodian shall be deemed to be the witness of the party serving the first such subpoena.

H(5) Tender and payment of fees. Nothing in this section requires the tender or payment of more than one witness and mileage fee or other charge unless there has been agreement to the contrary.

I Medical records

I(1) Service on patient or health care recipient required.  
 231 Except as provided in subsection (3) of this section, a subpoena  
 232 duces tecum for medical records served on a custodian or other  
 233 keeper of medical records is not valid unless proof of service of  
 234 a copy of the subpoena on the patient or health care recipient, or  
 235 upon the attorney for the patient or health care recipient, made  
 236 in the same manner as proof of service of a summons, is attached  
 237 to the subpoena served on the custodian or other keeper of medical  
 238 records.

I(2) Manner of service. If a patient or health care recipient  
 240 is represented by an attorney, a true copy of a subpoena duces  
 241 tecum for medical records of a patient or health care recipient  
 242 must be served on the attorney for the patient or health care  
 243 recipient not less than 14 days before the subpoena is served on a  
 244 custodian or other keeper of medical records. Upon a showing of  
 245 good cause, the court may shorten or lengthen the 14-day period.  
 246 Service on the attorney for a patient or health care recipient  
 247 under this section may be made in the manner provided by Rule 9 B.  
 248 If the patient or health care recipient is not represented by an  
 249 attorney, service of a true copy of the subpoena must be made on  
 250 the patient or health care recipient not less than 14 days before  
 251 the subpoena is served on the custodian or other keeper of medical  
 252 records. Upon a showing of good cause, the court may shorten or  
 253 lengthen the 14-day period. Service on a patient or health care  
 254 recipient under this section must be made in the manner specified  
 255 by Rule 7 D(3)(a) for service on individuals.  
 256

I(3) Affidavit of attorney. If a true copy of a subpoena  
 258 duces tecum for medical records of a patient or health care  
 259 recipient cannot be served on the patient or health care recipient  
 260 in the manner required by subsection (2) of this section, and the  
 261 patient or health care recipient is not represented by counsel, a  
 262 subpoena duces tecum for medical records served on a custodian or  
 263 other keeper of medical records is valid if the attorney for the  
 264 person serving the subpoena attaches to the subpoena the affidavit  
 265 of the attorney attesting to the following: (a) That reasonable  
 266 efforts were made to serve the copy of the subpoena on the patient  
 267 or health care recipient, but that the patient or health care  
 268 recipient could not be served; (b) That the party subpoenaing the  
 269 records is unaware of any attorney who is representing the patient  
 270 or health care recipient; and (c) That to the best knowledge of  
 271 the party subpoenaing the records, the patient or health care  
 272 recipient does not know that the records are being subpoenaed.  
 273

I(4) Application. The requirements of this section apply only  
 275 to subpoenas duces tecum for patient care and health care records  
 276 kept by a licensed, registered or certified health practitioner as  
 277 described in ORS 18.550, a health care service contractor as  
 278 defined in ORS 750.005, a home health agency licensed under ORS  
 279

chapter 443 or a hospice program licensed, certified or accredited under ORS chapter 443.]

H Pretrial subpoena of health care records from health care provider or facility.

H(1) Definition. For purposes of this section health care records are defined in subsection C(1) of Rule 44.

H(2) Service of subpoena and authorization. Except when it is provided with a voluntary written consent to release of the health care records pursuant to paragraph C(2)(b) of Rule 44, any party against whom a civil action is filed for damages to another party for injuries or death may obtain copies of health care records relating to the injury for which recovery is sought within the scope of discovery under section B of Rule 36 directly from a health care provider or facility only by serving upon the party whose health care records, or whose decedent's health care records, are sought:

H(2)(a) a SUBPOENA for such records directed to the health care provider, accompanied by statutory witness fees calculated as for a deposition at the place of business of the custodian of the records, and

H(2)(b) simultaneously, an AUTHORIZATION TO DISCLOSE HEALTH CARE RECORDS in the form provided by ORS 192.525(3), on which the following information has been designated with reasonable particularity: the name of the health care provider or providers or facility or facilities from which records are sought, the categories or types of records sought, and the time period, treatment, or claim for which records are sought. If the name of a health care provider or facility is unknown to

314 the party seeking records, they may designate "all" health  
315 care providers or facilities, or "all" of them within a  
316 described category. The AUTHORIZATION shall designate the  
317 attorney for the party whose records are sought, or that  
318 party if unrepresented, as the persons to whom the records  
319 are released.

321 H(3) Return of service of subpoena and authorization;  
322 objections. Return of service of subpoena and  
323 authorization; objections. Within 14 days after receipt of  
324 service of such a SUBPOENA and AUTHORIZATION TO DISCLOSE  
325 HEALTH CARE RECORDS, a party whose records are sought  
326 shall obtain the signature of a person able to consent to  
327 the release of the requested records or authorized by law  
328 to obtain the records, as used in ORS 192.525(2), and a  
329 date of signature, on the AUTHORIZATION and, either

330 H(3)(a) return it to the requesting party for its use  
331 in obtaining records directly from the health care  
332 provider or providers or facility or facilities,

333 or

334 H(3)(b) serve the SUBPOENA and AUTHORIZATION by mail  
335 on the health care provider or providers or facility or  
336 facilities indicated, along with the STATEMENT OF  
337 INSTRUCTIONS provided in subsection H(4) below; and

338 H(4) Statement of instructions. Along with a SUBPOENA  
339 and AUTHORIZATION for health care records directly from a  
340 health care provider or facility hereunder, the party  
341 whose records are sought shall prepare and serve on the  
342 health care provider or facility with the AUTHORIZATION  
343 the following STATEMENT OF INSTRUCTIONS:

349           H(4)(a) Enclosed with this STATEMENT OF INSTRUCTIONS  
350 is a statutory SUBPOENA and AUTHORIZATION TO DISCLOSE  
351 MEDICAL RECORDS pursuant to ORS 192.525(3) which has been  
352 signed by a person able to consent to the release of the  
353 requested records or authorized by law to obtain the  
354 records. Copies of the designated records are sought by  
355 each of the following parties:

357           H(4)(a)(i) (name and address of person whose  
358 records are sought, or his or her attorney)

360           H(4)(a)(ii) (name and address of each other  
361 party or his or her attorney who seeks access to the  
362 records)

364           H(4)(b) In order to comply with this AUTHORIZATION and  
365 these INSTRUCTIONS, please make (-----) copies of the  
366 designated records, place each copy in a separately sealed  
367 package bearing the address and postage to each of the  
368 names identified above, and place all of them together in  
369 one package or shipment, and mail that package within five  
370 (5) days of this date to the person whose records are  
371 sought or his or her representative, whose name and  
372 address are listed first above. Only ----- (name of  
373 person or his or her attorney whose records are sought) is  
374 authorized to receive the copies of these records directly  
375 from you.

377           H(4)(c) The STATEMENT OF INSTRUCTIONS shall be signed  
378 by the party whose records are sought, or his or her  
379 attorney, and a copy served with a certificate of  
380 service pursuant to section C of Rule 9 on each party or  
381 his or her attorney, seeking discovery of the health care

382 records.

384 H(5) Mode of compliance. Health care records may be  
385 obtained by subpoena pretrial only as provided in this  
386 section. However, if disclosure of any requested records  
387 is restricted or otherwise limited by state or federal  
388 law, then the protected records shall not be disclosed in  
389 response to the subpoena unless the requirements of the  
390 pertinent law have been complied with and such compliance  
391 is evidenced through an appropriate court order or through  
392 execution of an appropriate consent. Absent such consent  
393 or court order, production of the requested records not so  
394 protected shall be considered production of the records  
395 responsive to the subpoena. If an appropriate consent or  
396 court order does accompany the subpoena, then production  
397 of all records requested shall be considered production of  
398 the records responsive to the subpoena.

400 H(5)(a) Except as provided in section I of this rule,  
401 when a subpoena is served upon a custodian of health care  
402 records in an action in which the health care provider is  
403 not a party, and the subpoena requires the production of  
404 all or part of the records of the health care provider  
405 relating to the care or treatment of a patient of the  
406 health care provider, it is sufficient compliance  
407 therewith if a custodian delivers by mail or otherwise the  
408 number of true and correct copies of all the records  
409 responsive to the subpoena indicated in the subpoena or  
410 statement of instructions, within five days after receipt  
411 thereof. Delivery shall be accompanied by the affidavit  
412 described in subsection (6) of this section.  
413 The copies may be photographic or microphotographic  
414 reproduction.

416 H(6) Affidavit of custodian of records.

7 H(6)(a) Each copy of the records described in this  
418 section shall be accompanied by the affidavit of the  
419 custodian of the health care provider, stating in  
420 substance each of the following: (i) that the affiant is a  
421 duly authorized custodian of the records and has authority  
422 to certify records; (ii) that the copies are true copies  
423 of all the records responsive to the subpoena; (iii) that  
424 the records were prepared by the personnel of the health  
425 care provider, in the ordinary course of its business, at  
426 or near the time of the act, condition, or event described  
427 or referred to therein.

429 H(6)(b) If the health care provider has none of the  
430 records described in the subpoena, or only part thereof,  
431 the affiant shall so state in the affidavit, and  
432 shall send only those records of which the affiant has  
433 custody.

435 H(6)(c) When more than one person has knowledge of  
436 the facts required to be stated in the affidavit, more  
437 than one affidavit may be made.

439 H(7) Personal attendance of custodian of records may  
440 be required.

441 H(7)(a) The personal attendance of a custodian of  
442 health care records and the production of original health  
443 care provider records are required if the subpoena duces  
444 tecum contains the following statement:

445 \_\_\_\_\_  
446 The personal attendance of a custodian of health care  
447 records and the production of original records are  
448 required by this subpoena. The procedure authorized  
449 pursuant to Oregon Rule of Civil Procedure 55 H(5) and

450 H(6) shall not be deemed sufficient compliance with this  
451 subpoena.

---

454 H(7)(b) If more than one subpoena duces tecum is  
455 served on a custodian of health care records and personal  
456 attendance is required under each pursuant to paragraph  
457 (a) of this subsection, the custodian shall be deemed to  
458 be the witness of the party serving the first such  
459 subpoena.

461 H(8) Tender and payment of fees. Nothing in this  
462 section requires the tender or payment of more than one  
463 witness and mileage fee or other charge unless there has  
464 been agreement to the contrary.

466 H(9) Obligation of party or attorney of party whose  
467 records are received from health care provider pursuant to  
468 subpoena. Upon receipt of the sealed copies of the health  
469 care records addressed to each of the parties seeking  
470 access to them, the party whose records are sought, or his  
471 or her attorney, shall open only the copy addressed to  
472 that party or attorney, and shall have 14 days in which to  
473 review them. Not later than 14 days after receipt of the  
474 records from the health care provider or facility, the  
475 party whose records are sought shall either serve the  
476 unopened copy of the records on the party seeking them, or  
477 shall serve each such party with objections to their  
478 production pursuant to Rule 43 B.

480 H(9)(a) Privilege or objection log. When a party  
481 objects to the provision of health care records otherwise  
482 discoverable by subpoena pursuant to this section, the  
483 party shall make the objection expressly and shall

484 describe the nature of the records objected to in a manner  
485 that, without revealing information which is privileged or  
486 protected, will enable other parties to assess the  
487 applicability of the privilege or protection.

489 H(9)(b) Order compelling discovery. Upon receipt of  
490 an objection to all or part of a SUBPOENA and  
491 AUTHORIZATION or to any part of the health care records  
492 sent by a provider in response thereto, the party issuing  
493 the SUBPOENA and AUTHORIZATION may seek an order  
494 compelling discovery pursuant to Rule 46.

496 H(9)(c) In camera review. In the event of a motion  
497 to compel production of any health care records which have  
498 been received by the party whose records are sought  
499 pursuant to this section, that party shall deliver the  
500 sealed copies of those records to the court for in camera  
501 review within the time permitted for filing its response  
502 to the motion to compel.

504 H(10) Limited waiver of privilege. Nothing contained  
505 in this section, or in the use of the AUTHORIZATION TO  
506 DISCLOSE MEDICAL RECORDS, shall constitute a waiver of any  
507 common law or statutory privilege against disclosure of  
508 any health care records, or any other confidential  
509 communication between any party and a health care provider  
510 or facility, beyond the contents of the records for which  
511 disclosure is specifically authorized, and to the parties  
512 to whom disclosure is specifically authorized under this  
513 section.

514 H(11) Return or destruction of records. Any health  
515 care records obtained pursuant to this section shall only  
516 be used for purposes of the pending litigation. After the  
517 litigation is resolved, the health care records shall be

520 either returned to the party whose records they are or  
521 destroyed.

521 I Subpoena of health care records for trial;  
522 attendance of custodian with original records at trial.

524 I(1) Subpoena to trial. Notwithstanding section H of  
525 this rule, a subpoena of health care records to trial may  
526 be served directly on the health care facility or its  
527 health care records custodian by the party seeking the  
528 health care records without an AUTHORIZATION TO DISCLOSE  
529 HEALTH CARE RECORDS described in paragraph H(2)(b) of this  
530 rule or a STATEMENT OF INSTRUCTIONS described in  
531 subsection H(4) of this rule.

533 I(1)(a) Except as indicated in subsection (2) of this  
534 section, it is sufficient compliance with such a subpoena  
535 if a custodian delivers by mail or otherwise a true and  
536 correct copy of all the records responsive to the subpoena  
537 within five days after receipt thereof, sealed in an  
538 envelope addressed to the clerk of the court where the  
539 action is pending, accompanied by an affidavit described  
540 in subsection H(6) of this rule. The copy may be  
541 photographic or microphotographic. The copy of the  
542 records shall be separately enclosed in a sealed envelope  
543 or wrapper on which the title and number of the action,  
544 name of the health care provider or facility, and date of  
545 the subpoena are clearly inscribed. The sealed envelope  
546 or wrapper shall be enclosed in an outer envelope or  
547 wrapper and sealed. The outer envelope shall be addressed  
548 to the clerk of the court or to the judge if there is no  
549 clerk.

551 I(1)(b) The package containing records produced in

552 response to a subpoena to trial shall remain sealed and  
553 shall be opened only at the time of trial at the direction  
554 of the judge or with agreement of the parties. The  
555 records shall be opened in the presence of all parties who  
556 have appeared. Records which are not introduced in  
557 evidence or required as part of the record shall be  
558 returned to the custodian who submitted them.

560 I(2) Personal attendance of records custodian. The  
561 personal attendance of a custodian of health care records  
562 and the production of original health care records at a  
563 trial or deposition is required if a subpoena duces tecum  
564 contains the following statement:

566 The personal attendance of a custodian of health care  
567 records and the production of the original records are  
568 required by this subpoena. The procedures authorized  
569 by section C of Rule 44 or section H of this rule  
570 shall not be deemed sufficient compliance with this  
571 subpoena.

Attachment C to Agenda of 10-13-01 Meeting

During the 1999-2001 biennium the following amendment to ORCP 34 B(2) was proposed by Mr. Brothers, but the Council deferred action on the proposal because of lack of time to consider it. [Matter to be added in **bold underlined**; matter to be deleted *italicized* and enclosed in square brackets [ ]:

1 "B(2) Against such party's personal representative or  
2 successors in interest [*at any time within four months after*  
3 *the date of the first publication of notice to interested*  
4 *persons, but not more than one year after such party's death*]  
5 unless the personal representative or successor in  
6 interest serves notice of the death of the party on the  
7 claimant and the claimant fails to substitute the  
8 personal representative or successor in interest  
9 within four months of service of such notice."

Attachment D to 10-13-01 Agenda

Sept. 25, 2002

To: Chair and Members, Council on Court Procedures

From: Maury Holland, Executive Director

Re: Recommendation re ORCP 4 K

I recommend that the Council consider possible appointment of a subcommittee to review and, if it appears necessary or helpful, amend ORCP 4 K. This recommendation is prompted by having been told by a number of lawyers conversant with family law or domestic relations practice in Oregon that Section 4 K does not accurately reflect, or entirely mesh with, domestic relations legislation adopted or amended since Section 4 K was drafted.

Examples of such subsequent legislation are the Uniform Interstate Family Support Act (ORS Chapter 110) and the Uniform Child Custody Jurisdiction and Enforcement Act (ORS 109.701 to 109.834). It seems that some categories of the jurisdiction which Oregon courts are authorized and required to exercise in this field are nowhere reflected in ORCP 4 K, the result being that recourse must be had to ORCP 5, where few lawyers would be likely to look for it. An underlying premise of this recommendation is that all categories of civil jurisdiction which Oregon courts are authorized to exercise should be reflected in ORCP 4 unless either ORCP 5 or 6 is pertinent.

At least in recent decades the Council has tended not to include many, if any, practitioners specializing in family or domestic relations law. I believe that is pretty much true of the present Council. I mention this because a colleague of mine at the U. of O., Prof. Leslie Harris, has told me that she would be willing to serve as a member of this subcommittee if a decision is made to appoint one. (I don't believe there is any legal or practical reason why *all* subcommittee members must be Council members.) Prof. Harris is co-author of a nationally known casebook on family law, and is very knowledgeable about the jurisdictional and other procedural aspects of this field.

Attachment D to Agenda of 10-13-01 Agenda

Subject: CCP matter  
Date: 07/09 3:40 PM  
Received: 07/14 1:51 PM  
From: Ben Bloom, bmb@roguelaw.com  
To: mholland@law.uoregon.edu

Maury:

One of my partners brought an error in the ORCP to my attention. ORCP 62F refers provides in part: "except as provided in ORS 19.125 . . ." The legislature repealed ORS 19.125. The correct statutory cite is ORS 19.415.

Ben

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