

**FEDERAL DEFENDER OFFICE**

DISTRICT OF NEW HAMPSHIRE  
22 BRIDGE STREET  
CONCORD, NH 03301  
TELEPHONE: (603) 226-7360  
FAX: (603) 226-7358

October 10, 2018

Keeper of the Record, Luzerne County Solicitors Office  
Department of Human Services Office of Youth and Family Services  
111 North Pennsylvania Avenue  
Wilkes Barre, PA 18701

To whom it concerns,

Enclosed please find releases for records of Shakur Brownstein, DOB 06/02/1997, SS# 209-76-1545. There is a general release as well as a HIPPA release, both signed and witnessed.

The HIPPA release was included because our client does have a mental health spectrum diagnosis dating back to his childhood years. I was not able to chronical his exact foster care placement dates through family or parental interviews other than the client moved to Wilkes Barre when he was in the 5<sup>th</sup>. Grade. This should place Shakur in the age range of ten to twelve years of age with foster placement possibly in 2009 or 2010 on.

We do not need the complete file regarding our client but will need dates of foster care placements, discharge dates, circumstances of placement as reflected in any reports, investigations or intake documents related to his foster care placement as well as any special needs Shakur might have required as a result of his placement.

We would ask that a certified letter of authenticity accompany any documents provided by you and your organization since this information will be used in a federal court sentencing proceeding.

Again thank you for your anticipated help.

Respectfully,



Chase McNiss, FPD Investigator  
[chase\\_mcniss@fd.org](mailto:chase_mcniss@fd.org)  
Cell- 617-945-6051

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TELEPHONE: (603) 226-7360  
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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, Shakur Brownstein DOB: 06/02/1997, SS#: 209-76-1545

here by authorize Luzerne County Office of Youth and Family Services, 111 N. Pennsylvanis Avenue, Suite 110, Wilkes Barre, PA 18710


to furnish to the Federal Public Defender Office, District of New Hampshire, and specifically to

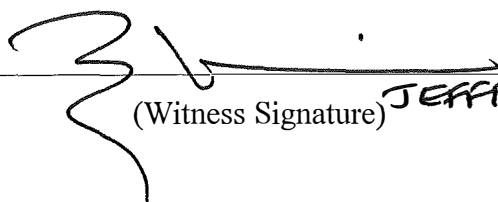
**AFPD Jeffrey Levin and/or Investigator Chase McNiss,**

any and all information relating in any matter to me and, in addition, I release the above-mentioned possessor and custodian of such information from any and all liability for its disclosure. The authority granted above includes, but is not limited to, all records relating to any and all accounts at or associated with the agency or business listed above for the period of 2009 to Present.

I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance thereof and, that in any event, this consent expires automatically 1 year from date of execution.

I hereby request that all persons cooperate fully in providing my agent such information. A photo-static or Xerox copy of this authorization and release shall be equally valid as the original.

 10-8-18  
(Signature) (Date)

 10-8-18  
(Witness Signature) **JEFFREY LEVIN** (Date)

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION PURSUANT  
TO THE HEALTHCARE INFORMATION PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)\*

PATIENT/ENTITY INFORMATION

Patient Name: Shakur Brownstein Date of Birth: 06/02/1997

Social Security/Institutional Identification Number: 209-76-1545

I hereby authorize: Luzerne County PA Office of Youth and Family Services  
(Name of Person/Facility with Records/Information)  
111 N Pennsylvania Blvd. Wilkes Barre, PA 18701  
(Street Address) (City, State) (Zip Code)

to disclose my protected healthcare information ("PHI") to the Office of the Federal Public Defender for the NH Branch Office, 22 Bridge Street, Box 12, Third Floor, Concord, NH 03301, its attorneys, investigators, paralegals and assistants, including any and all medical files, documents, information and/or records, relating to myself delivered to the attention of AFPD Jeffrey Levin, at the above mentioned address.

For the purposes of this authorization, the terms "medical files, documents, information and/or records" are to be construed broadly and include without limitation the original or copy thereof, regardless of origin or location, or any book, pamphlet, periodical, letter, memorandum, telegram, report, record, study, handwritten notes, working paper, charts, paper, graphs, calendar, index, tape, data sheet, or data processing card, or any other written, recorded, transcribed, punched, taped, filmed or graphic item, e-mails or other electronic files, however produced or reproduced, which is in your possession, or in the possession of any of your agents, contractors or employees, or any person or entity to which you have access.

I understand that the Office of the Federal Public Defender for the New Hampshire, its attorneys, investigators, paralegals and assistants, may use my signed authorization to obtain any and all medical files, documents, information and/or records, including PHI, from any number of medical institutions and providers. It is my intention to allow the Federal Public Defender to obtain all medical files, documents and/or records, including PHI, from any institution, provider or insurer that possesses such materials.

SPECIFIC TYPE(S) OF HEALTH INFORMATION YOU ARE AUTHORIZED TO DISCLOSE:

By initialing the lines below, I specifically authorize the release of:

X MEDICAL INFORMATION: (may be related to drug/alcohol use, abuse or dependency, mental health, immunizations/vaccinations, and communicable or venereal diseases)

X MENTAL HEALTH INFORMATION: (may be psychiatric/psychotherapy notes)

By initialing the lines below:

\_\_\_\_ I specifically authorize the release of HIV/AIDS\*\* test results.

\_\_\_\_ I specifically authorize the release of information pertaining to alcohol and/or drug use, abuse and/or dependency and related diagnoses or treatments.

PURPOSE:

Any information provided pursuant to this release is to be used in the legal proceedings of US v. Shakur Brownstein, Case# 18-CR-00116-JL, including related legal actions. I understand that use of the material in those proceedings may involve disclosure of PHI to individuals or entities that are not covered by the Healthcare Information Portability and Accountability Act, and in which case, it may no longer be protected.

ACKNOWLEDGMENT OF MY RIGHTS:

I understand this authorization to release my health information is voluntary. I understand that treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.

I understand I have the right to revoke this authorization at any time by notifying the provider in writing at the address above. I understand that my revocation will be effective upon its receipt by the person(s) I have authorized to release the material, but will not be effective to the extent that such persons have previously acted in accordance with this authorization and in reliance thereon. I understand I have a right to receive a signed copy of this completed authorization form.

EXPIRATION OF AUTHORIZATION:

Unless otherwise revoked, this authorization expires at the conclusion of the legal proceedings referenced above. If no date is indicated, the authorization will expire 12 months after the date of my signing this form.

Shakur Brownstein  
Print Name

[Signature]  
Patient (or Representative) Signature

Date: 10-8-18

Jeffrey S. Levin AFPD  
Witness (Printed Name)

[Signature]  
Witness (Signature)

\*\* Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immune Deficiency Syndrome (AIDS).

LUZERNE COUNTY  
*OFFICE OF LAW*  
ROMILDA P. CROCAMO, ESQUIRE  
CHIEF COUNTY SOLICITOR



LUZERNE COUNTY  
*COUNTY MANAGER*  
C. DAVID PEDRI, ESQUIRE

**COUNTY of LUZERNE**  
P E N N S Y L V A N I A  
ESTABLISHED 1786

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November 12, 2018

Chase McNiss, FPD Investigator  
Federal Defender's Office  
District of New Hampshire  
22 Bridge Street  
Concord, NH 03301  
Email: chase\_mcniss@fd.org

RE: RTK Request # 18-179

Dear Mr. McNiss:

Thank you for writing to Luzerne County with your request for information pursuant to the Pennsylvania Right-To-Know law. My email is Jackie.Carroll@luzernecounty.org.

On October 19, 2018, I received a request for documents from you described in the attached Right to Know request. We requested a 30-day extension of time to respond. Your request is now granted and denied.

The request is granted as to information pertaining to your client, Shakur Brownstein.

It is denied as to information regarding any family members. Pursuant to PA RTKL 65 P.S. §67.708(b)(30), exempt from access by a requester are records identifying the name, home address or date of birth of a child 17 years of age or younger.

Please note that Luzerne County Children and Youth no longer has any records regarding Shakur Brownstein as their files have been purged. "When responding to a request for access, an agency shall not be required to create a record which does not currently exist or to compile, maintain, format or organize a record in a manner in which the agency does not currently compile, maintain, format or organize the record."

Page Two

You have a right to appeal this denial of information in writing to Office of Open Records, Commonwealth Keystone building, 400 North Street, 4<sup>th</sup> Floor, Harrisburg, PA 17120.

If you choose to file an appeal for any reason, you must do so within 15 business days of the mailing date of the agency's response. Section 1101. If you have further questions, please contact me. Please be advised this correspondence will serve to close this request with our office as permitted by law.

The Luzerne County Prothonotary does have a file which I am attaching with redactions as to identifying information regarding individuals other than Shakur Brownstein.

This will confirm that you have provided an Authorization for Release of Information as well as a HIPAA Release.

I certify that the records provided have been authorized by the Luzerne County Prothonotary as the records in existence regarding Shakur Brownstein.

Very truly yours,

A handwritten signature in blue ink that reads "Jacqueline Musto Carroll". The signature is written in a cursive style.

JACQUELINE MUSTO CARROLL, ESQUIRE  
Luzerne County – Open Records Officer

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DISTRICT OF NEW HAMPSHIRE  
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October 10, 2018

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Department of Human Services Office of Youth and Family Services  
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Again thank you for your anticipated help.

Respectfully,



Chase McNiss, FPD Investigator  
[chase\\_mcniss@fd.org](mailto:chase_mcniss@fd.org)  
Cell- 617-945-6051

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to furnish to the Federal Public Defender Office, District of New Hampshire, and specifically to

**AFPD Jeffrey Levin and/or Investigator Chase McNiss,**

any and all information relating in any matter to me and, in addition, I release the above-mentioned possessor and custodian of such information from any and all liability for its disclosure. The authority granted above includes, but is not limited to, all records relating to any and all accounts at or associated with the agency or business listed above for the period of 2009 to Present.

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(Signature) (Date)

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(Witness Signature) JEFFREY LEVIN (Date)



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I understand that the Office of the Federal Public Defender for the New Hampshire, its attorneys, investigators, paralegals and assistants, may use my signed authorization to obtain any and all medical files, documents, information and/or records, including PHI, from any number of medical institutions and providers. It is my intention to allow the Federal Public Defender to obtain all medical files, documents and/or records, including PHI, from any institution, provider or insurer that possesses such materials.

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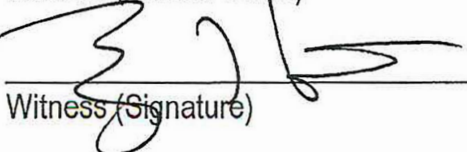
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Shakur Brownstein  
Print Name

  
Patient (or Representative) Signature

Date: 10-8-18

Jeffrey S. Levin AFPD  
Witness (Printed Name)

  
Witness (Signature)

\*\* Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immune Deficiency Syndrome (AIDS).



LUZERNE COUNTY  
*OFFICE OF LAW*  
ROMILDA P. CROCAMO, ESQUIRE  
CHIEF COUNTY SOLICITOR

LUZERNE COUNTY  
*COUNTY MANAGER*  
C. DAVID PEDRI, ESQUIRE

**COUNTY of LUZERNE**  
P E N N S Y L V A N I A  
ESTABLISHED 1786

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Right-To-Know Response Form

Date: October 24, 2018  
Date Request Received: October 19, 2018  
Five Business Day Response Date: October 26, 2018  
RTK Request #18-179

Chase McNiss, FPD Investigator  
Federal Defender's Office  
District of New Hampshire  
22 Bridge Street  
Concord, NH 03301  
Email: chase\_mcniss@fd.org

Thank you for writing to Luzerne County with your requests for information pursuant to the Pennsylvania Right-To-Know Law.

Your requests for information have been received and are under review. The Pennsylvania Right-To-Know Law requires a response within five (5) business days; however, we require a thirty (30) day extension for the following reason(s):

- \_\_\_\_\_ (1) the request for access requires redaction of a record in accordance with section 706;
- \_\_\_\_\_ (2) the request for access requires the retrieval of a record stored in a remote location;
- \_\_\_\_\_ (3) a timely response to the request for access cannot be accomplished due to bona fide and specified staffing limitations;
- \_\_\_\_\_ (4) a legal review is necessary to determine whether the record is a record subject to access under this act;
- \_\_\_\_\_ (5) the requester has not complied with the agency's policies regarding access to records;

Page Two

\_\_\_\_\_ (6) the requester refuses to pay applicable fees authorized by this act; or

  X   (7) the extent or nature of the request precludes a response within the required time period.

You should expect a response to your requests no later than November 24, 2018.

Very truly yours,

JACQUELINE MUSTO CARROLL, ESQUIRE  
Luzerne County – Open Records Officer  
200 North River Street  
Wilkes-Barre, PA 18711