



Michelle D. Powers
Attorney at Law

August 13, 2014

VIA Facsimile Delivery #803-647-2305

Department of Veterans Affairs
Columbia Regional Office
Attn: FOIA Officer
6437 Garners Ferry Road
Columbia, South Carolina 29209

RE: FREEDOM OF INFORMATION ACT REQUEST

Veteran: James Robert Parrish

VA Claim No: [REDACTED]
Veteran Social Security #: [REDACTED]

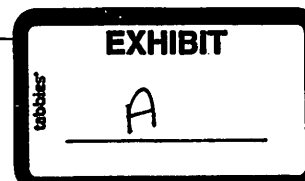
To Whom it May Concern:

This is a request for documents under 38 C.F.R. §1.577, the Freedom of Information Act (FOIA), 5 U.S.C. § 552, and the Privacy Act, 5 U.S.C. § 552a, on behalf of James Robert Parrish. This request is properly made via facsimile as it contains the signature of the requester. Pursuant to 38 U.S.C. § 5904 and 38 C.F.R. §14.629 (2008), I hereby state I am an accredited attorney for the preparation, presentation, and prosecution of claims for veterans benefits before the Department of Veterans Affairs. My accreditation number is 13506.

1. IDENTIFICATION OF DOCUMENTS. I hereby request all documents contained in any VA claims folder for any of Mr. Parrish's VA claims, to include all documents in the right flap, left flap and center flap, AND, to include anything in the VA Virtual File, Virtual Records, or any electronic system where records about this veteran or his claim are kept or stored. We believe Mr. Parrish is entitled to one free copy of their claims file. If there will be any charge for this, please notify us prior to proceeding.

2. FORM/FORMAT IN WHICH TO PRODUCE INFORMATION. The FOIA and the VA's own internal policies related to FOIA requests, require that the records be produced in the format sought by the requester, if the record is readily reproducible in that form or format. If possible, we would like the documents in searchable PDF format. If that form is not available we request a paper copy of the file. Please take special care to ensure both sides of any two-sided documents produced in response to this request are included in the response and are scanned into a PDF or copied in such a way that they do not "bleed-through" from one side of the document to the other.

3. TIME FOR RESPONSE. Please note that this request for documents is being made pursuant to the Privacy Act, 5 U.S.C. § 552, and the Freedom of Information Act (FOIA), 5 U.S.C. § 552a, as well as 38 C.F.R. §1.550 and 38 C.F.R. § 1.577. Your agency has a duty to respond to this request within TWENTY (20) BUSINESS DAYS of the date of




this request pursuant to 5 U.S.C. § 552(a)(6)(A)(2)(i). Additionally, although an extension of time to respond may be requested, it may only be granted for "unusual circumstances." "Predictable agency workload" is not typically considered an unusual circumstance as stated in 5 U.S.C. § 552(a)(6)(C)(ii). Moreover, even to the extent that unusual circumstances could be demonstrated in this instance, the time limit for the extension is limited to "10 working days" pursuant to 38 C.F.R. § 1.553(d). Failure to timely produce these documents can result in the filing of an administrative appeal with the office of the Secretary of the Department of Veterans Affairs pursuant to 38 C.F.R. § 1.557 and 5 U.S.C. § 552(a)(6)(A)(2)(ii), and/or, the filing of a federal lawsuit to compel the production of the information. In any such appeal or lawsuit, we intend to seek not only injunctive and/or monetary relief related to this request, but to the extent permitted by law, injunctive and/or monetary relief based on the Department of Veterans Affairs patterns and/or practices of responding to FOIA requests in a manner violative of the FOIA, as well as attorney fees and litigation expenses, and any other remedy/relief available at law.

4. Point of Contact. As discussed above, please respond to this request within twenty (20) business days. I may be contacted at the telephone number and address below.

Thank you very much in advance for your assistance.

Respectfully,



Michelle D. Powers, Esq., RN

CONSENT TO RELEASE INFORMATION/PRIVACY ACT WAIVER

(HIPPA-Compliant)

I give my **consent** to the National Personnel Records Center (Military Personnel Records), St. Louis, Missouri; to the Department of Defense, Department of Veterans Affairs, Social Security Administration; *or to any other public or private custodian* (including but not limited to hospitals, clinics, and current and former treating physicians) that possesses or controls my military service and/or military medical, veteran, medical, psychiatric, drug or alcohol treatment, Discharge Review or Correction Board, and employment records and files to **discuss** with my attorney and **release** to my attorney(s), or to any person designated by my attorney(s), all information and records contained in those files.

If these records include information protected under 38 U.S.C. § 7332 regarding drug abuse, infection with human immunodeficiency virus (HIV), alcoholism or alcohol abuse, or sickle cell anemia, I specifically consent to that disclosure as well. To permit this, and for no other purpose, I waive my rights under the Privacy Act, 5 U.S.C. § 522a(b), and under any other federal or state law or regulation which controls access to my records.

Any records or health information is authorized to be provided to and should be sent to Michelle D. Powers at the address below unless otherwise designated by her on request.

Michelle D. Powers, Esq.
410 Main Street
Greenwood, SC 29646

Attorney contact information:
Telephone: 864-227-2500
Fax: 888-365-4907

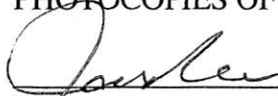
RIGHT OF REVOCATION: I have the right to revoke this release authorization at any time. The revocation must be in writing and be delivered to Michelle D. Powers, Esq., RN. The revocation will not apply to records and information that have already been provided.


EXPIRATION: Unless earlier revoked, this authorization will expire upon termination of the representation by Michelle D. Powers, Esq., RN.




PATIENT RIGHTS: I have the right to inspect or copy the information to be disclosed, to inspect and amend my medical records, and to an accounting of the use and disclosure of my health information to any third party, as provided in 45 CFR § 164.528.

RE-DISCLOSURE: I understand that there is a potential for unauthorized re-disclosure of the information that the re-disclosed information may not be protected by federal confidentiality rules.

PHOTOCOPIES OF THIS RELEASE ARE VALID AND MAY BE USED IN LIEU OF THE ORIGINAL.


Signature _____ Date 8-13-14

James R. Parrish 
Print Name _____ VA File Number _____ VARO Handling Claim Columbia


Social Security Number _____ Birthdate  Phone 


Address _____

Michelle D Powers 8/13/14
Attorney's signature _____ Date _____

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

TRANSMISSION VERIFICATION REPORT

TIME : 08/13/2014 16:15
NAME : POWERS LAW LLC
FAX : 8883654907
TEL : 8642272500
SER.# : 000E1N852066

DATE, TIME 08/13 16:14
FAX NO./NAME 18036472305
DURATION 00:01:29
PAGE(S) 03
RESULT OK
MODE STANDARD
ECM



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Attorney at Law

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RE: FREEDOM OF INFORMATION ACT REQUEST

Veteran: James Robert Parrish
VA Claim No: C248134697
Veteran Social Security #: [REDACTED]

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