

Catrina S. v St. Luke's-Roosevelt Hosp. Ctr.

2011 NY Slip Op 34329(U)

February 22, 2011

Supreme Court, New York County

Docket Number: 109703/2009

Judge: Judith J. Gische

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This opinion is uncorrected and not selected for official publication.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK: PART 10

-----x
CATRINA S.,

Plaintiff,

Decision and Order
Index No. 109703/2009
Sequence No.: 001

-against-

ST. LUKE'S-ROOSEVELT HOSPITAL CENTER,

Present:

Defendant:

Hon. Judith J. Gische

-----x
Recitation, as required by CPLR 2219 [a], of the papers
considered in the review of this (these) motion(s):

PAPERS	NUMBERED
Def's n/m 3211, 3124, 3126 w/MQT affirm, exhs . . .	1
Pltf's opp w/EC affirm	2
Def's reply w/MQT affirm	3

Judith J. Gische, J.:

Defendant, St. Luke's-Roosevelt Hospital (the hospital),
moves for an order dismissing plaintiff Catrina S.'s complaint
for failure to state a cause of action, or alternatively
compelling her to provide a certificate of merit and supplement
her bill of particulars to allege medical malpractice.
Additionally, the hospital seeks an order dismissing the
complaint based on plaintiff's failure to provide discovery,
and/or staying the parties' depositions until the discovery is
provided.

Background

FILED

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NEW YORK
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Plaintiff, who was then 36 years old, and had been HIV positive for about eight years, was brought to the hospital by ambulance in early February 2008, and was admitted. Her complaints included dizziness, a lack of balance, left-sided weakness, diplopia (double vision), a loss of hearing, and left-sided facial numbness. She was worked up for meningitis and encephalitis, and it appears that the latter condition was ultimately diagnosed. At the time of her hospital discharge, in late April 2008, plaintiff was still suffering from, among other things, balance disturbances and dizziness. Meanwhile, on February 25, 2008, a nurse decided to change the underpads on plaintiff's bed, while she was still in it. The nurse changed the underpads on the right side of the bed without incident, but when she assisted the patient in turning over on her left side, the patient "rolled over but exerted more than what she should have," fell off the bed onto the floor, and sustained fractures of her great left toe. *Tedeschi aff., ex. G.*

Plaintiff then commenced this action. The verified complaint, which does not list separate causes of action, alleges that the incident was caused by a "departure from the accepted standard of medical care," and by the hospital's negligence in failing to: use the proper procedure to replace the underpads so as to avoid injury, employ bed rails; move the patient "in a proper medical manner"; transfer the patient to a wheelchair before changing the underpads; and employ an

adequately trained staff. *Id.*, ex. A. The complaint further recites that, as a result of the fall, plaintiff suffered serious injury, and continues to suffer from permanent "severe physical pain and mental anguish." *Ibid.* The bill of particulars adds that the patient should have been restrained, that the nurse pushed or moved plaintiff in a manner which caused her to fall, and that the hospital failed to properly train its employees. On the issue of injury, the bill of particulars indicates that plaintiff suffered injury to her left foot as a result of two fractures of her toe, which was permanently disfigured.

The Instant Motion

Failure to State a Cause of Action/Certificate of Merit

The branch of the hospital's motion, which seeks an order dismissing the complaint for failure to state a cause of action, is denied. The pleadings in this case assert at least some claims which sound in ordinary negligence, for example the failures to employ properly trained personnel and to adequately train them. See *Bleiler v Bodnar*, 65 NY2d 65, 73 (1985) (failure of hospital to provide proper staff, or adopt proper regulations and procedures constitutes negligence, since the gravamen of such claims is not the negligence in furnishing treatment to the patient); *De Leon v Hospital of Albert Einstein Coll. of Medicine*, 164 AD2d 743, 747-750 (1st Dept 1991); but see *Matter of Barresi v State of New York*, 232 AD2d 962, 964 (3d

Dept 1996) (hospital's failure to properly train employees constitutes medical malpractice). The claim of the nurse having improperly pushed plaintiff, thereby causing her to fall, also appears to constitute a negligence claim, unless the impropriety of the pushing is tied to the nurse's need to take into consideration the patient's condition, and thus handle her gingerly, in which case, it may constitute malpractice. *Scott v Uljanov*, 74 NY2d 673, 675 (1989).

Additionally, the complaint alleges that the hospital departed from accepted standards of medical care, and thereby caused the plaintiff's injuries, clearly an assertion of medical malpractice. *Lowhar v Eva Stern 500, LLC*, 70 AD3d 654 (2d Dept 2010). Thus, the bill of particulars need not be amended to indicate that there is a medical malpractice claim. Further, in light of the patient's complaints of neurological signs and symptoms, including dizziness, a lack of balance, and left-sided weakness, there are presumably issues as to whether she was properly medically evaluated, and, thus, whether adequate precautions, such as bed rails and restraints, were ordered. A failure to properly evaluate a patient's medical condition, and, consequently, his or her needs, constitutes malpractice. *Scott v Uljanov*, 74 NY2d at 675; *Smee v Sisters of Charity Hosp. of Buffalo*, 210 AD2d 966, 967 (4th Dept 1994); *Raus v White Plains Hosp.*, 156 AD2d 354 (2d Dept 1989); *Fox v White Plains Med. Ctr.*, 125 AD2d 538 (2d Dept 1986); *Lenny v Loehmann*, 78 AD2d 813

(1st Dept 1980); see also *Bleiler v Bodnar*, 65 NY2d at 72 (“negligent act or omission ... that constitutes medical treatment or bears a substantial relationship to the rendition of medical treatment” is medical malpractice).

Since the complaint states two causes of action, the application to dismiss it for failure to state a cause of action is denied. *S.J.J.K. Tennis, Inc. v Confer Bethpage, LLC*, AD3d, 2011 NY Slip Op 00671 (2d Dept 2011) (on a motion to dismiss for failure to state a cause of action, the court is required to liberally construe pleadings, give plaintiff the benefit of all permissible inferences, and simply decide whether the facts alleged amount to any valid legal theory). Moreover, that a certificate of merit was not served, does not amount to a failure to state a cause of action, as alleged in the hospital’s answer as an affirmative defense.

Nonetheless, because the medical malpractice claim, raised by the complaint, is extant, plaintiff is required to provide a certificate of merit. Plaintiff does not indicate here that an assessment of her condition was irrelevant, and will not be urged as a factor in her fall, has not submitted evidence demonstrating that her condition did not contribute to her fall, and has not withdrawn the allegation in her complaint that the hospital departed from accepted standards of medical care. Accordingly, she must, within 30 days of service of a copy of this order with notice of entry, serve defendant with a

certificate of merit. See CPLR 3012-a; *Bowles v State of New York*, 208 AD2d 440, 443-444 (1st Dept 1994) (appropriate initial sanction for failing to comply with certificate of merit requirement is to give plaintiff the opportunity to comply with it).

Bills of Particulars

The branch of the motion which seeks an order dismissing this action based on plaintiff's failure to comply with the provisions of several conference orders is, in the exercise of my discretion, denied. However, within 30 days of service of a copy of this order with notice of entry, plaintiff is directed to respond to defendant's bill of particulars demand # 13, by advising defendant whether or not she is claiming any loss of earnings or impairment of her earning ability, as a result of her toe fractures, and is precluded from seeking any of those damages unless, within that 30-day period, she responds that she is making any such claim. If plaintiff is making any such claim, she is to provide defendant, within that same 30-day period, with authorizations to obtain her employment records and W-2's, from 2004 through present, as she had previously agreed to do. Plaintiff's prior response to demand # 13, that no such claim is being made at this time, but that plaintiff reserves the right to make such a claim, is inadequate. Moreover, she has failed to provide the requested information, even though she stipulated to do so in two so-ordered stipulations. It has now

been almost three years since plaintiff fractured her toe. She was, according to the medical records, employed at a furniture store at the time she was hospitalized. Either she lost earnings as a result of her fractured toe, as opposed to as a result of her other medical problems, or she did not. The hospital is entitled to this information before it deposes plaintiff.

Within the same 30-day period, plaintiff is directed to provide the information sought in bill of particulars demands # 5 (statutes and ordinances claimed to have been violated), # 11 (any dates of confinement to home, bed, hospital, rehabilitation facilities due to the hospital's acts and omissions), and # 12 (special damages), because it has now been well over a year since plaintiff's counsel responded that such information would be provided.

Medical Record Authorizations

As to the hospital's claim that the plaintiff violated orders requiring her to provide authorizations to obtain medical records, the hospital served a demand for authorizations so that it could obtain all records and x-rays from "[a]ny and all" physicians and hospitals, without requiring that such materials be relevant to the claims in this case. Tedeschi supporting aff., ex. B. Plaintiff evidently failed to respond, resulting in several essentially identical so-ordered stipulations, which recited that plaintiff was "to provide authorizations for prior

and subsequent treaters including collateral source [authorizations] including physical therapy (as related to injuries alleged in [the bill of particulars]) within 30 days." *Id.*, ex. E, so-ordered stip. of 5/27/10. Plaintiff responded with four authorizations, all explicitly permitting disclosure of confidential HIV-related, mental health, and drug/alcohol treatment information. Two of the authorizations apparently related to a collateral source and to a lienor, but failed to indicate the dates of the records to be released. The other two authorizations, for CNR Healthcare Network and the Bronx Lebanon Skilled Nursing Facility, permitted the release of records starting on February 28, 2008 and continuing until the present.

The hospital asserts that these authorizations are inadequate because they are date restricted. The hospital further asserts that, since the pleadings allege serious physical and emotional injury, plaintiff has placed in issue her entire medical history, including that concerning her HIV infection, which the hospital maintains is relevant to the issue of whether at least some of plaintiff's claimed injuries are related to causes other than from her fractured toe. Thus, the hospital urges that plaintiff is required to provide broad authorizations, as was allegedly directed by this court in the

Plaintiff's counsel disputes that plaintiff has violated this court's orders, since the authorizations provided are those relating to the toe fractures, the injury mentioned in her bill

of particulars, and maintains that defendant has not established, through a medical professional, that her other records, including those related to her HIV condition, are relevant. Plaintiff's counsel also maintains that the broad discovery sought by the hospital would be unduly burdensome, since the litigation costs would likely exceed any amount of recovery.

Initially, I note that the fact that the litigation costs would exceed the amount of any recovery, is not, in and of itself, a basis upon which to deny discovery. Rather, that is a factor to be considered by counsel in deciding whether to take a case. That observation aside, in light of the way the parties crafted the discovery stipulations, so as to limit the authorizations to those for records related to the injuries alleged in the bill of particulars, which injuries were stated, in that pleading, to be to plaintiff's left foot, including the two fractures and permanent disfigurement of her great toe, defendant's suggestion (Tedeschi supporting aff., ¶ 26) that I ordered broad disclosure of plaintiff's medical records for her claimed physical and emotional injuries, is without merit.

As to the collateral source provider and lienor, for which authorizations had previously been furnished, without any indication of the dates of those records, plaintiff is directed to serve defendant, within the foregoing 30-day period, new HIPAA-compliant authorizations, which set forth the dates of the

requested records as from February 25, 2008 through the present. It is, of course, up to the plaintiff whether she checks the provision of the HIPAA authorization, permitting the release of confidential HIV-related information. The two other authorizations given by plaintiff relate to treatment of the two fractured bones in her left great toe, and arguably satisfy the discovery orders as drafted by counsel.

Nevertheless, while defendant's initial demand for authorizations was unduly broad, in that it was not restricted to relevant medical care (see *McLane v Damiano*, 307 AD2d 338, 338 [2d Dept 2003] [by commencing malpractice action, plaintiff does not waive doctor/patient privilege "with respect to unrelated illnesses or treatments"]), in view of the pleadings' injury allegations, it cannot be said that defendant is foreclosed from seeking further authorizations. Plaintiff has placed her medical and emotional conditions in issue through her allegations of severe and permanent pain and suffering and "mental anguish" (Complaint, ¶ 19), which elements of damages would include the loss of enjoyment of life. By doing so, she has waived the doctor-patient privilege with respect to those conditions she has placed in issue in this action. *Rothstein v Huh*, 60 AD3d 839 (2d Dept 2009).

Whether any of claimed injuries in this case were due, in whole or in part, to another medical condition, such as those arising from plaintiff's HIV infection, or from any

psychological condition, requires defendant's exploration. See e.g. *Rothstein v Huh*, 60 AD3d at 839; *Velez v Daar*, 41 AD3d 164 (1st Dept 2007); *Schecter v 201 E. 90th St. Owners, Inc.*, 271 AD2d 224 (1st Dept 2000) (where plaintiff places mental health in issue, defendant entitled to complete disclosure of mental health records); cf. *Azznara v Strauss*, _AD3d_, 2011 NY Slip Op 00634 (2d Dept 2011) (application in chiropractic malpractice action to compel plaintiff to provide authorizations for release of drug and alcohol abuse records granted, since they were material and necessary to loss of enjoyment of life claim).

However, this case is complicated by the fact that plaintiff has now been HIV positive for about 11 years. The release of confidential HIV and AIDS-related information is governed by the provisions of Article 27-F of the Public Health Law (§§ 2780 et seq.). Article 27-F was enacted "(a) to protect the public health by encouraging the expansion of confidential testing for the presence of HIV, [and] (b) to limit the risk of discrimination against persons with AIDS and HIV infection which the unauthorized disclosure of HIV-related information can cause ..." Memo in Support, Senators Dunne and Lombardi, Bill Jacket, L 1988, ch 584; *id.* Memo in Support, Assemblyman Gottfried.

No court is permitted to order disclosure of confidential HIV-related information, except in compliance with the provisions of Public Health Law § 2785. "Confidential HIV-related information" is defined as

"any information, in the possession of a person who provides one or more health or social services or who obtains the information pursuant to a release of confidential HIV related information, concerning whether an individual has been the subject of an HIV related test, or has HIV infection, HIV related illness or AIDS, or information which identifies or reasonably could identify an individual as having one or more of such conditions, including information pertaining to such individual's contacts."

Public Health Law § 2780 (7). Public Health Law § 2785 requires a defendant, in a malpractice action, to demonstrate, not just that the requested discovery is material and necessary to the defense of the action, but that there is a compelling need for it. *Catherine D. v Judy*, 38 AD3d 258 (1st Dept 2007). The statute also provides measures for sealing the application and the decision thereon; to safeguard the plaintiff's identity; and, in the event that disclosure is ordered, to limit the disclosure of the confidential HIV-related information to that which is necessary and to those who need to know it. That statute also requires that plaintiff, herself, be given notice of the application, and an opportunity to file a written response. Public Health Law § 2785 (4) (a).

While, in the instant case, the defendant is already aware of the patient's HIV status, and the plaintiff has executed authorizations for several institutions, permitting access to some confidential HIV-related information, the legislature, in defining confidential HIV-related information, did not provide exceptions for those circumstances. Presumably, this is due, at

least in part, to the circumstance that confidential information does not pertain solely to the patient, but also, according to the definition, to information relating to that person's contacts. Also, a patient's HIV infection may progress into AIDS, a development which a patient may wish to conceal, for fear of employment discrimination. Thus, it is conceivable that a patient might not want to release all confidential HIV-related information. Additionally, HIPAA-compliant authorizations permit a plaintiff to revoke authorizations before they are processed. In light of the foregoing, the scant record before me, and the defendant's failure to urge that there is a compelling need for the discovery, the motion is denied to the extent that the hospital seeks an order compelling plaintiff to provide authorizations for the release of any HIV-related information. The denial of this branch of the defendant's motion is without prejudice to an application, pursuant to Public Health Law § 2785.

Nonetheless, plaintiff may have received medical and/or mental healthcare treatment for physical and/or emotional conditions, unrelated to her HIV status, but which may have a bearing on whether her claimed injuries are due to causes other than her fractured toe. Accordingly, within the foregoing 30-day period, plaintiff is directed to provide HIPAA-compliant authorizations for any mental healthcare providers who provided treatment to her before she learned that she was HIV positive.

Since any mental healthcare treatment that plaintiff received after learning of that status is likely inextricably intertwined with that status, I decline to order the production of authorizations for mental healthcare providers for any such treatment. The hospital is free to urge its entitlement to those authorizations in any application it is advised to make, pursuant to Public Health Law § 2785.

In addition, without prejudice to defendant later seeking more extensive records at a later date should the need arise, within the aforementioned 30-day period, plaintiff is directed to provide HIPAA-compliant authorizations for any orthopedist, podiatrist, physical therapist, and primary care internist and general practitioner, who rendered care during the period between five years before February 25, 2008 (*see e.g. Chervin v Macura*, 28 AD3d 600, 601 [2d Dept 2006] [court properly exercised its discretion by limiting disclosure of decedent's medical records to those beginning five years before death]) through the present, for any non-HIV related condition or injury, since their records may have a bearing on whether any of plaintiff's claimed injuries were due to causes other than her fractured toe. Plaintiff is free, if she is so advised, to limit the scope of these authorizations, so that no HIV-related information can be revealed.

Depositions

The branch of the motion which seeks to stay the

depositions, which were to be held by October 28, 2010, until the requested discovery is provided, is denied as moot, since the deposition deadline date has passed. The rescheduling of the depositions is to be addressed by counsel at the next court conference, taking into account any Public Health Law § 2785 application defendant may make, which could affect when defendant receives any necessary medical records.

Interview Authorizations

The hospital's request to compel plaintiff to respond to its "DEMAND FOR AUTHORIZATIONS PERMITTING INTERVIEWS WITH TREATING PHYSICIANS," which requires plaintiff to furnish HIPAA-compliant authorizations,

"identifying the plaintiff's physicians whom the plaintiff has been treated by or is being treated with for the condition, injuries or disease process both prior and subsequent to the dates of treatment at issue in this action, for the release of the records and radiologic films pertaining to the care and treatment rendered to the plaintiff herein, and specifically authorizing defense counsel, or representatives thereof to interview the following treating physician(s)," and then lists "[a]ny and all hospitals" and "[a]ny and all treating physicians,"

(Tedeschi supporting aff., ex. B), is granted, since plaintiff stipulated to respond to that demand on multiple occasions, and did not specifically address this branch of defendant's motion or seek to have her stipulations set aside. *Matter of Hyra*, AD3d (2d Dept 2011), 2011 NY Slip Op 01028 (stipulations made in the course of litigation will be vacated only upon cause sufficient to set aside a contract). The granting of this

relief is not to be construed as an order by the court directing plaintiff to provide any authorizations to interview treating physicians, particularly in light of the constraints of Public Health Law § 2785; it is only an order for plaintiff to respond to the demand, in the manner in which she is advised to respond.

I further note, in this regard, that while relevant pretrial interviews with a patient's treating physicians are permitted (see *Arons v Jutkowitz*, 9 NY3d 393 [2007]), at least one court has held that a demand to interview hospitals is not sanctioned by *Arons*, nor is a joint authorization covering interviews and the production of records, since the production of medical records is subject to one type of authorization (see e.g. OCA Official Form No. 960, Authorization for Release of Health Information Pursuant to HIPAA), and the interview of a treating physician is subject to a more restrictive type of authorization (see e.g. UCS-575 [2/08], Authorization to Permit Interview of Treating Physician by Defense Counsel). *Akalski v Counsell*, 29 Misc 3d 936, 939 (Sup Ct, Westchester County 2010). I further note that it is unclear from the demand whether defense counsel is seeking to have the authorizations issued in the name of the law firm or in the name of the attorney who signed the demand on behalf of the law firm. In this regard, the Appellate Division, Second Department, has recently upheld a motion court's decision, which denied defense counsel's application to compel plaintiff "to provide 'law firm specific,'

rather than 'attorney specific,' authorizations pursuant to Arons." *Mahr v Perry*, 74 AD3d 1030, 1030 (2d Dept 2010).

Sealing/Transfer/Caption Amendment

Although there is no Public Health Law § 2785 application presently before me, in the spirit of section 3 of that statute, and in light of the hospital chart appended to the moving affirmation, which reveals, in a social worker's assessment report, that the plaintiff's family is unaware of her HIV positive status, I find good cause to seal the entire contents of this motion jacket. Thus, all the papers on this motion, including all pleadings, exhibits, affirmations, and the decision and order of this court, shall be sealed by separate order, signed simultaneously herewith, and shall not be made available (other than to the County Clerk's staff and the court) to any person, except to the parties, their counsel of record, and to each counsel of record's representatives, who present the County Clerk with counsel's written authorization, to the extent necessary to conduct any further proceeding in connection with this motion, including any appeal.

Any further proceedings in connection with this application shall be conducted in camera, and any pleadings, papers, affidavits, affirmations, judgments, briefs, memoranda of law, judgments or orders of the court shall not state plaintiff's name, but simply refer to her as, Catrina S. In addition, the caption is hereby amended by changing the named

plaintiff to Catrina S. Plaintiff's counsel is directed to promptly serve a copy of this order with notice of entry on the County Clerk and on the Clerk of the Trial Support Office (Room 158M), who are directed to amend their records to reflect such change in the caption herein.

Finally, since this case is a medical malpractice action, the entire action is referred to the Trial Support Office for reassignment to a Medical Malpractice part. Plaintiff's counsel is directed to promptly serve a copy of this order with notice of entry on the Trial Support Office to effectuate the transfer.

Conclusion

Accordingly, it is

ORDERED that the branches of defendant's motion which seek an order dismissing this action for failure to state a cause of action and compelling plaintiff to supplement her bill of particulars are denied; and it is further

ORDERED that plaintiff is directed to serve a certificate of merit within 30 days of service of a copy of this order with notice of entry; and it is further

ORDERED that, within 30 days of service of a copy of this order with notice of entry, plaintiff is directed to respond to defendant's bill of particulars demand # 13, by advising whether plaintiff is claiming any loss of earnings or impairment of earning ability, and is precluded from seeking any such damages unless, within that 30-day period, she advises defendant that

she is making any such claim; and it is further

ORDERED that, within 30 days of service of a copy of this order with notice of entry, plaintiff, if she is claiming damages for any loss of earnings or impairment of earning ability, is to provide defendant with authorizations for employment records and W-2's for the period from 2004 through the present; and it is further

ORDERED that, within 30 days of service of a copy of this order with notice of entry, plaintiff is directed to provide the information sought in defendant's bill of particular demands ## 5, 11, and 12; and it is further

ORDERED that the branch of the motion which seeks an order dismissing this action, based on the allegation that plaintiff failed to comply with discovery orders is denied; and it is further

ORDERED that the branch of defendant's motion, which seeks an order compelling plaintiff to respond to its demand for authorizations to conduct interviews, is granted, and, within 30 days of service of a copy of this order with notice of entry, plaintiff is to serve a response; and it is further

ORDERED that the branch of defendant's motion, which seeks to compel plaintiff to provide authorizations to obtain HIV-related information, is denied without prejudice to an application, pursuant to Public Health Law § 2785; and it is further

ORDERED that, within 30 days of service of a copy of this order with notice of entry, plaintiff, who is free, if she is so advised, to limit the scope of these authorizations so that no HIV-related information can be revealed, is directed to serve defendant with HIPAA-compliant authorizations for the collateral source provider and lienor, for which inadequate authorizations were previously served, indicating that the dates of the records sought are from February 25, 2008 through the present; HIPAA-compliant authorizations for any mental healthcare providers for records prior to when plaintiff learned that she was HIV positive, without prejudice to defendant seeking authorizations for later mental healthcare providers in any application it may bring pursuant to Public Health Law § 2785; and HIPAA-compliant authorizations for any orthopedist, podiatrist, physical therapist, and primary care internist and general practitioner, who rendered care during the period between five years before February 25, 2008 through the present, for any non-HIV related condition or injury, without prejudice to defendant later seeking any further necessary authorizations; and it is further

ORDERED that the branch of defendant's motion, which seeks an order staying the previously scheduled depositions, is denied as moot, and the parties are directed to discuss the rescheduling of the depositions at the next court conference in this case; and it is further

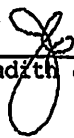
ORDERED that any further proceeding in connection with

this application shall be conducted in camera, and any pleadings, papers, affidavits, affirmations, judgments, briefs, memoranda of law, judgments or orders of the court shall not state plaintiff's name, but simply refer to her as Katrina S.; and it is further

ORDERED that the caption is hereby amended by changing the named plaintiff to Katrina S., and plaintiff's counsel is directed to promptly serve a copy of this order with notice of entry on the County Clerk and on the Clerk of the Trial Support Office (Room 158M, 60 Centre Street, Manhattan), who are directed to amend their records to reflect such change in the caption herein; and it is further

ORDERED that this action is referred to the Trial Support Office for reassignment to a Medical Malpractice part, and plaintiff's counsel is directed to promptly serve a copy of this order with notice of entry on the Trial Support Office to effectuate the transfer.

Dated: New York, New York
February 22, 2011

ENTER: 
FILED Hon Judith J. Gische

FEB 24 2011

NEW YORK
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