HIPAA Attestation Pursuant to 45 C.F.R. §164.509

REQUESTOR

Name

Address

Phone Fax Email

PURPOSE

☐ Health Oversight Activities ☐ Law Enforcement Purposes ☐ Judicial or Administrative Proceedings ☐ Disclosures to Coroners and Medical Examiners

RECORDS TO BE DISCLOSED (PLEASE CHECK ONE)

☐ All records

☐ Records for these dates

☐ Other. Please specify:

INDIVIDUAL(S) WHOSE PHI IS INVOLVED

The records requested involve the following individual(s) PHI:

ATTESTATION

I attest that the use or disclosure of PHI that I am requesting is not for a purpose prohibited by the HIPAA Privacy Rule at 45 CFR §164.502(a)(5)(iii) because of one of the following (check one box):

☐ The purpose of the use or disclosure of protected health information is not to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care or to identify any person for such purposes.

☐ The purpose of the use or disclosure of protected health information is to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for such purposes, but the reproductive health care at issue was not lawful under the circumstances in which it was provided.

I understand that I may be subject to criminal penalties pursuant to 42 U.S.C. §1320d-6 if I knowingly and in violation of HIPAA obtain individually identifiable health information relating to an individual or disclose individually identifiable health information to another person.

Signature of Requestor

Date

If Representative of Requestor, Provide Description of Your Authority to Act for Requestor

FOR OFFICE USE ONLY

Date Attestation Received

Received by (name, title)

If Requestor checks reproductive health care was not lawful (Box 2 in the Attestation), describe (or attach) information that Requestor provided to demonstrate a substantial factual basis that the reproductive health care was not lawful:

Please check whether Attestation is valid or defective:

- ☐ **Valid, and I will fulfill the request for use/disclosure of PHI.**
- ☐ **Valid, but I cannot fulfill the request for use/disclosure of PHI. There is an issue with the request itself (e.g., I cannot find the individual requested), and I will let the Requestor know, the request is being denied.**
- ☐ **Defective (for one of the reasons below), and I will let the Requestor know the request is being**

denied. If Attestation is defective, please check the reason(s):

- ☐ **The Attestation is not complete, or I have not been provided sufficient information above, if applicable.**
- ☐ **The Attestation contains additional information/statements not requested on the form.**
- ☐ **The Attestation is combined with another document(s), other than the information required above, if applicable.**
- ☐ **I have actual knowledge that the material information in the Attestation (or provided above, if applicable) is false.**
- ☐ **[If Box 1 is checked off in the Attestation] A reasonable person, in the same position as me, would believe that the Requestor is using the PHI to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care or to identify any person for such purposes.**

Original Request and Attestation:

☐ Keep in individual's record ☐ Copy to accompany release

Name of Person Fulfilling the Request

Date Completed

Signature of Person Fulfilling the Request