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

REQUESTOR							
*							
Name							
Address							
Phone		Fax	Email				
DUBBOSE							
PURPOSE	_						
Health Oversight	t Activities  Law Enfor	rcement Purposes  Judicial	or Administrative Proceedings Dis	sclosures to Coroners and Medical Examiners			
RECORDS TO B	E DISCLOSED (PLEA	SE CHECK ONE)					
All records							
Records for the	ese dates						
Other. Please	specify:						
INDIVIDUAL (S) V	VHOSE PHI IS INVOL	VFD					
The records reques	ted involve the following	individual(s) PHI:					
ATTESTATION							
		of PHI that I am requesti e of one of the following		oited by the HIPAA Privacy Rule at			
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.							
person fo	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.						
of HIPAA obtain		able health information r	suant to 42 U.S.C. §1320d-6 elating to an individual or disc				
Signature of Requ	estor			Date			
If Representative of	of Requestor, Provide I	Description of Your Authorit	y to Act for Requestor				



FOR	OFFICE USE	ONLY						
Date Attestation Received by (name, title)		, 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	er 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.							
Origina	al Request and	Attestation:						
	Keep in ir	ndividual's record	Copy to accompany rele	ease				
Name of Person Fulfilling the Request			Date Completed					
Olar.		Enterior 4						
Signat	ure of Person	Fulfilling the Reques	il					



