

Attestation Regarding a Requested Use or Disclosure of Protected Health Information (PHI) Potentially Related to Reproductive Health Care

This form must be completed by the requestor when a request for PHI is (1) potentially related to reproductive healthcare and (2) is for the following limited purposes: health oversight activities (e.g., Office of Inspector General, Department of Justice, etc.), judicial or administrative proceedings (e.g., court order, subpoena, etc.), law enforcement, or regarding decedents, to coroners and medical examiners. This form must be completed in its entirety for this attestation to be valid.

Requestor Information

Name of Investigator or Agency Making the Request: _____

Requestor Phone Number: _____ Requestor Email: _____

Description of Information Requested

I am requesting information for (select one):

Specific individual(s). If requesting for specific individuals, please append a listing which includes the name(s) of the individual(s) and dates of birth.

Class of persons (describe class): _____
(e.g., list of individuals who obtained [name of prescription medication] between [date range])

Description of specific PHI being requested: _____

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 PHI **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 PHI **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.

Printed Name of Requestor: _____ Date: _____

Requestor Signature: _____