



Home Health

ATTESTATION FOR APPROPRIATE USE AND DISCLOSURE OF REQUESTED RECORDS WHICH RELATE OR MAY POTENTIALLY RELATE TO REPRODUCTIVE HEALTHCARE INFORMATION

NAME OF CERTIFYING ENTITY/AGENCY: \_\_\_\_\_

REQUESTOR'S FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTHCARE FACILITY FOR WHICH YOU ARE REQUESTING THE RECORDS FROM:

\_\_\_ Hendrick Home Health \_\_\_ Other \_\_\_\_\_

I, certify that I have the authority to attest for myself and the Certifying Entity the following statements:

I. PURPOSE OF REQUEST

The Certifying Entity/Agency/Individual listed above is making a request for Protected Health Information from Hendrick Home Health which relates, or which may potentially relate to reproductive health care for one of the following purposes (check all that apply):

- Coroner/Medical Examiner Law Enforcement Health Oversight Agency/Activities Judicial/Administrative Proceeding

Please provide any additional details about the request: \_\_\_\_\_

II. REASON FOR REQUESTING PROTECTED HEALTH INFORMATION

A detailed summary of the specific type of information being requested along with the reason for requesting the medical record and protected health information is outlined in the following legal/agency documents referenced below:

- Subpoena (Case/Ref #) Health Oversight Agency (Case/Ref #)
Law Enforcement (Case/Ref #) Coroner/Medical Examiner (Case/Ref #)
Judicial/Administrative Proceedings (Case/Ref #) Other (Case/Ref #)

**III. ATTESTATIONS CONCERNING REPRODUCTIVE HEALTH CARE**

Please attest by checking each statement below after reading:

- Certifying Entity/Agency agrees that use or disclosure of the Medical Record and Protected Health Information for the intended purpose set forth above **does not and will not relate** to any of the below **prohibited purposes**:
  - (1) to conduct a **criminal, civil, or administrative investigation** into any person for the **mere act** of seeking, obtaining, providing, or facilitating **reproductive health care**;
  - (2) to impose criminal, civil, or **administrative liability** on any person for the **mere act** of seeking, obtaining, providing, or facilitating **reproductive health care**; or
  - (3) to identify any person for the purposes set forth in (1) and (2) above.
- Certifying Entity/Agency agrees that any person may be subject to criminal penalties pursuant to 42 USC.1320d-6 if that person knowingly and in violation of HIPAA obtains individually identifiable health information relating to an individual or discloses individually identifiable health information to another person.
- Certifying Entity/Agency will immediately notify Hendrick Health’s Compliance and Integrity Department at **compliance@hendrickhealth.org** if Certifying Entity/Agency becomes aware that any of the statements in this Attestation are false.
- Certifying Entity/Agency has the authority to bind itself or its organization to this Attestation and has fully read and agrees to the statements in this Attestation.

**Name of Certifying Entity/Agency** \_\_\_\_\_

**Printed Name of Person Signing the Attestation on Behalf of the Certifying Entity/Agency**

First \_\_\_\_\_ Last \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

**Note: A separate attestation must be obtained for each individual request made by the Certifying Entities Listed Above.**



## Attestation Instructions and Definitions

When HIPAA covered entity or business associate receives a request for protected health information (PHI) potentially related to reproductive health care, it must obtain a signed attestation that clearly states the requested use or disclosure is not for the prohibited purposes described below, where the request is for PHI for the following purposes:

- Health oversight activities
- Judicial or administrative proceedings
- Law enforcement
- Regarding decedents, disclosures to coroners and medical examiner

**Prohibited Purposes.** Covered entities and their business associates may not use or disclose PHI for the following:

- (1) To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- (2) To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- (3) To identify any person for any purpose described in (1) or (2).

**The prohibition applies when** the reproductive health care at issue (1) is lawful under the law of the state in which such health care is provided under the circumstances in which it is provided, (2) is protected, required, or authorized by Federal law, including the United States Constitution, under the circumstances in which such health care is provided, regardless of the state in which it is provided, or (3) is provided by another person and presumed lawful.

### Information for the Person Requesting the Medical Record or PHI

- By signing this attestation, you are verifying that you are not requesting PHI for a prohibited purpose and acknowledging that criminal penalties may apply if untrue.
- You may not add content that is not required or combine this form with another document except where another document is needed to support your statement that the requested disclosure is not for a prohibited purpose. For example, if the requested PHI is potentially related to reproductive health care that was provided by someone other than the covered entity or business associate from whom you are requesting the PHI, you may submit a document that supplies information that demonstrates substantial factual basis that the reproductive health care in question was not lawful under the specific circumstances in which it was provided.

### Information for the Covered Entity or Business Associate

- You may not rely on the attestation to disclose the requested PHI if any of the following is true:
  - It is missing any required element or statement or contains other content that is not required.
  - It is combined with other documents, except for documents provided to support the attestation.
  - You know that material information in the attestation is false.
  - A reasonable covered entity or business associate in the same position would not believe the requestor's statement that the use or disclosure is not for a prohibited purpose as described above.
- If you later discover information that reasonably shows that any representation made in the attestation is materially false, leading to a use or disclosure for a prohibited purpose as described above, you must stop making the requested use or disclosure.
- You may not make a disclosure if the reproductive health care was provided by a person other than yourself and the requestor indicates that the PHI requested is for a prohibited purpose as described above, unless the requestor supplies information that demonstrates a substantial factual basis that the reproductive health care was not lawful under the specific circumstances in which it was provided.
- You must obtain a new attestation for each specific use or disclosure request.
- You must maintain a written copy of the completed attestation and any relevant supporting document

## DEFINITIONS

**Reproductive Health Care** means health care, as defined in this section, that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes. This definition shall not be construed to set forth a standard of care for or regulate what constitutes clinically appropriate reproductive health care."

### Medical Examiners

These are usually physicians who specialize in forensic pathology and are appointed to their positions. They investigate deaths that are sudden, unexpected, suspicious, or unattended, and are often called upon to investigate violent deaths. Medical examiners are also responsible for signing death certificates for certain types of deaths, including homicides, suicides, and accidents.

### Coroners

These are public officials who are elected or appointed to certify the cause of death. They often complete death certificates but may also have roles in law enforcement or as prosecuting attorneys. Coroners are not usually physicians or forensic pathologists, but they are required to undergo specific death investigation training.

A **"health oversight agency"** in the context of reproductive healthcare refers to a government entity, like a state health department or the federal Office for Civil Rights (OCR) within the Department of Health and Human Services (HHS), that is authorized to monitor and enforce regulations regarding the privacy and access to reproductive healthcare services, ensuring compliance with laws like HIPAA and preventing discriminatory practices against individuals seeking such care.

**Examples:** State medical boards, state insurance commissions, the Department of Justice, and the HHS Office for Civil Rights.

**Law enforcement** is the system of agencies and individuals who are responsible for upholding the law, maintaining public safety, and managing public order. Law enforcement agencies are part of the criminal justice system and include police, courts, and corrections.

A **judicial proceeding** is a legal process where a judge presides over a case and makes decisions based on evidence. Judicial proceedings can include Court cases, Trials, Hearings, Petitions, and Other formal matters brought before the court.

An **administrative proceeding** is a legal process that involves a government agency making a decision about a dispute or issue. Administrative proceedings are non-judicial, meaning they don't involve a judge. They are often used to enforce regulations, resolve disputes, and govern matters within the agency's authority.