



# Model Attestation for a Requested Use or Disclosure of Protected Health Information Potentially Related to Reproductive Health Care

When a HIPAA covered entity<sup>1</sup> or business associate<sup>2</sup> receives a request for protected health information (PHI)<sup>3</sup> potentially related to reproductive health care,<sup>4</sup> 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 any of the following purposes:

Health oversight activities<sup>5</sup>  
Judicial or administrative<sup>6</sup>  
proceedings

Law enforcement<sup>7</sup>  
Regarding decedents, disclosures to  
coroners and medical examiners<sup>8</sup>

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

- (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 row 3 in Section 9.750 Model

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## Information for the Person Requesting the 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.<sup>11</sup>

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.<sup>12</sup> 45 CFR 160.103 (definition of "Business associate").

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<sup>3</sup> 45 CFR 160.103 (definition of "Protected health information").

<sup>4</sup> 45 CFR 160.103 (definition of "Reproductive health care").

<sup>5</sup> 45 CFR 164.512(d)

<sup>6</sup> 45 CFR 164.512(e)

<sup>7</sup> 45 CFR 164.512(f)

<sup>8</sup> 45 CFR 164.512(g)(1)

<sup>9</sup> 45 CFR 164.502(a)(5)(iii)(A).

<sup>10</sup> 45 CFR 164.502(a)(5)(iii)(B), (C). For more information on the presumption and when it applies, 45 CFR 164.502(a)(5)(iii)(C).

<sup>11</sup> 42 U.S.C. 1320d-6.

<sup>12</sup> 45 CFR 164.509(b)(3) and (c)(iv).



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Name of person(s) or specific identification of the class of persons to receive the requested PHI.

Name or other specific identification of the person or class of persons from whom you are requesting the use or disclosure.

Description of specific PHI requested, including name(s) of individual(s), if practicable, or a description of 3610589-12048320