CERTIFICATION OF SATISFACTORY ASSURANCE
Pursuant to 45 C.F.R. §164.512(e)(1)

PATIENT:_____   DOB:_____

As required by the Standards for Privacy of Individually Identifiable Health Information ("Privacy Act") promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), this certification provides satisfactory assurances that appropriate steps have been taken to notify and/or otherwise protect the privacy of the individual who is the subject of the protected health information that is being requested.

Records will be used for Litigation only and kept according to State Law.

_____

_____   **Notice**
(check)
In compliance with 45 C.F.R. §164.512(e)(1), I hereby certify that I have made a good faith attempt to provide written notice to _____ the individual, or if the individual's location is unknown, to make a notice to the individual's last known address or legal representation. A copy of such notice ☐ is attached to this Certification/☐ was provided with our original request.

I further certify that the notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit the individual to raise and objection to the court or administrative tribunal.

I further certify that the time for the individual to raise objections to the court or administrative tribunal has elapsed and either: (1) no objections were filed; or (2) all objections filed by the individual have been resolved by he court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

OR

_____   **Qualified Protective Order**
(check)
In compliance with 45 C.F.R. §164.512(e)(1), I hereby certify that the parties to the dispute giving rise to this request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute. A copy of the qualified protective order, or my request for such order, is attached hereto.

_____

Name:_____   Firm:_____
      (print attorney's name legibly)   (please print legibly)

Signature:_____   Date:_____