

Certification Regarding Subpoena

(To be completed, signed, and returned by the attorney who issued the subpoena)

I, _____, hereby certify that the statement checked below is true and accurate (please check at least one statement below):

Opportunity to Object. The individual named in the subpoena dated _____ has been given the opportunity to object, and all of the following is correct:

A. A good faith attempt has been made to provide written notice to the individual (or, if the individual's location is unknown, to mail a notice to the individual's last known address); **and**

B. The notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit the individual to raise an objection to the court or administrative tribunal; **and**

C. The time for the individual to raise objections to the court or administrative tribunal has elapsed, **and:** (1) No objections were filed; **or** (2) All objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

Protective Order. A reasonable effort has been made to obtain a protective order, and the following information is correct:

A. The parties to the dispute giving rise to the 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; **or**

B. The party seeking the protected health information has requested a qualified protective order from such court or administrative tribunal.

(A qualified protective order means an order of a court or of an administrative tribunal or a stipulation by the parties to the litigation or administrative proceeding that: (1) prohibits the parties from using or disclosing the protected health information for any purpose other than the litigation or proceeding for which such information was requested; and (2) requires the return or destruction of the protected health information (including all copies made) at the end of the litigation or proceeding.)

(You must attach a copy of the protective order or application for a protective order, or a copy of the notice that was sent to the individual, in order for this Certification to be deemed valid by the Hospital.)

Signed: _____

Date: _____

Print name: _____

Name of Firm _____

Telephone: _____

Address: _____



Letter Regarding Subpoena With Assurances and Certification

Date

VIA FACSIMILE OR HAND-DELIVERY

To: _____

RE: Individual named in subpoena: _____
Date of subpoena: _____.

Dear Sir or Madam:

We have received your subpoena to produce health records regarding the above-named individual. As you may be aware, federal privacy regulations issued pursuant to the Health Insurance Portability and Accountability Act (“HIPAA”) now provide additional protection of patient health information. The federal requirements supercede certain state laws, and apply even if the individual has placed his or her condition or treatment at issue.

Under these regulations, we are not allowed to release protected health information in response to a subpoena unless (1) the above-named individual provides us with written authorization to release the information to you, or (2) the subpoena is accompanied by a valid court order, or (3) you provide us with certain satisfactory assurances and documentation, which can be accomplished by completing the attached Certification and returning it to us along with a copy of supporting documentation.

Once we receive an authorization, court order, or the attached Certification, we will be able to respond to your subpoena. If you have any questions, please do not hesitate to call me at _____. You are also welcome to contact our Records Department, for further information about HIPAA’s privacy requirements.

Sincerely Yours,

Director of Medical Records or
Designee

Enclosure