



1/8/2004

**Certification of Satisfactory Assurances**

As required by the Standards for Privacy of Individually Identifiable Health Information ("Privacy Regulations") 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.

**Notice**

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'), whose protected health information I am requesting, or if the individual's location is unknown, to mail a notice to the individual's last known address or legal representative at:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

A copy of such written notice is attached to this Certification.

I 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 an objection to the court or administrative tribunal. Further, I 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 the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

**Qualified Protective Order**

In compliance with 45 C.F.R. § 164.512(e)(1), I hereby certify tha

\_\_\_\_\_ 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; or

\_\_\_\_\_ I requested a qualified protective order from the court or administrative tribunal on \_\_\_\_\_.

A copy of the qualified protective order or my request for such order is attached to this Certification.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company