

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

The entire form must be completed for the attestation to be valid. Once completed please return to SRH HIM ROI at the following:

Email: [SRHHIMROI@Skagitregionalhealth.org](mailto:SRHHIMROI@Skagitregionalhealth.org)

FAX: 360-814-2254

Mail: P.O. BOX 1376 Mount Vernon, WA. 98273 ATTN: HIM ROI

If any questions please contact: SRH HIM at 360-814-8462

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 the class of individuals, whose protected health information you are requesting.

I attest that the use or disclosure of PHI that I am requesting is not for a purpose prohibited by the HIPAA Privacy Rule at 45 CFR 164.502(a)(5)(iii) because of one of the following (check one box):

☐ The purpose of the use or disclosure of protected health information is not to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care or to identify any person for such purposes.

☐ The purpose of the use or disclosure of protected health information is to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for such purposes, but the reproductive health care at issue was **not lawful** under the circumstances in which it was provided.

I understand that I may be subject to criminal penalties pursuant to 42 U.S.C. 1320d-6 if I knowingly and in violation of HIPAA obtain individually identifiable health information relating to an individual or disclose individually identifiable health information to another person.

Signature of the person requesting the PHI

Date

Print name of person requesting the PHI

If you have signed as a representative of the person requesting PHI, provide a description of your authority to act for that person.

This attestation document may be provided in electronic format, and electronically signed by the person requesting protected health information when the electronic signature is valid under applicable Federal and state law.



## **New Reproductive Healthcare Changes and Compliance Requirements**

As part of the HIPAA Amendments to Support Reproductive Health Care Privacy, new regulations will be in effect to enhance the procedures for releasing protected health information that relates to reproductive health.

Key changes and requirements:

### **Patient Privacy and Security:**

#### **Release of Information Requests:**

- a. 3rd party requests including those for health oversight activities, judicial and administrative proceedings, disclosures to coroners and medical examiners or law enforcement purposes that **INCLUDE** reproductive health data may subject to additional attestations before releasing records.
- b. Skagit Regional Health will only disclose PHI that contains reproductive health information if one of the following criteria is met:
  - i) Individual or individual's representative has signed a valid authorization, or
  - ii) Requester has signed a valid attestation.

OCR defines Reproductive health care as health care that affects the health of the individual in all matters relating to the reproductive system and to its functions and processes. The definition should not be construed to set forth a standard of care for or regulate what constitutes clinically appropriate reproductive health care. 45 CFR § 160.103 definition of "reproductive health care."

These changes will be in effect beginning December 23, 2024.

Thank you for your continued dedication to advancing the services in our community.