

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

You have requested protected health information (“PHI”) from Walgreens for one of the following purposes:

- Health oversight activities
- Law enforcement
- Judicial or administrative proceedings
- Regarding decedents, disclosures to coroners and medical examiners

Pursuant to 45 CFR164.509, a signed attestation is required for this type of record request that clearly states the requested use or disclosure is not for the prohibited purposes described below. (**Note: Walgreens requires a signed attestation for this type of record request for non-health care purposes, regardless of whether or not the request is related to reproductive health**):

Prohibited Purposes. PHI may not be used or disclosed 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 (2).

The prohibition applies when the reproductive health care at issue (1) is lawful under the law of the state in which such health care is provided under the circumstances in which it is provided, (2) is protected, required, or authorized by Federal law, including the United States Constitution, under the circumstances in which such health care is provided, regardless of the state in which it is provided, or (3) is provided by another person and presumed lawful.

Instructions

Information for the Person Making the Request

- 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.
- 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. For example, if the requested PHI is potentially related to reproductive health care that was provided by someone other than the covered entity or business associate from whom you are requesting the PHI, you may submit a document that supplies information that demonstrates a substantial factual basis that the reproductive health care in question was not lawful under the specific circumstances in which it was provided.
- The entire attestation form must be completed for it to be valid. Failure to complete the attestation form will result in automatic denial of the record request. Completion of the form does not guarantee the request will be accepted or records will be provided.

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

Walgreens Custodian of Records, 1901 East Voorhees Street, MS 735, Danville, Illinois 61834
Fax: (217) 554-8955 | Phone: (217) 554-8949

The entire form must be completed for the attestation to be valid. Failure to complete the attestation form will result in automatic denial of the record request. Completion of the form does not guarantee the request will be accepted or the records will be provided.

Name of person(s) or specific identification of the class of persons to receive the requested PHI (e.g. name of investigator and/or agency making the request).
Name or other specific identification of the person or class of persons from whom you are requesting the use or disclosure (e.g., name of covered entity or business associate that maintains the PHI and/or name of their workforce member who handles requests for PHI).
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 (e.g., visit summary for [name of individual] on [date]; list of individuals who obtained [name of prescription medication] between [date range]).

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 only Box 1 or Box 2**):

- Box 1.** 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.

- Box 2.** 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 and receiving the PHI

_____ Date _____

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