

**STATEMENT OF ASSURANCES FOR SUBPOENAS
INDIVIDUAL NOTIFICATION FOR SUBPOENA
OF PROTECTED INFORMATION**

To comply with federal regulations protecting patient privacy [Health Insurance Portability and Accountability Act of 1996, 45 CFR Subtitle A, Subchapter C, Part 164.512(e)] we must obtain satisfactory assurance from the party issuing the below named subpoena that notice has been provided to the patient whose protected health information has been subpoenaed. We cannot respond to the enclosed subpoena until this form is completed, signed, and returned (along with the subpoena) to the address listed below.

Name of Court for Proceeding	Docket Number	Date Issued
Name of Plaintiff	Name of Defendant	
Name of Attorney Issuing Subpoena	Attorney Telephone Number	
Name of Patient and Date of Birth	Provider Name	
Date(s) of Service		

ATTORNEY CERTIFICATION

As the attorney issuing the above named subpoena, I hereby certify that the following statements are true and have attached hereto documentation demonstrating that each of these facts is true:

- (1) I have made a good faith attempt to provide written notice to the above –named patient, either directly or through the patient’s retained counsel, that protected health information has been subpoenaed.
- (2) The notice I provided included sufficient information about the litigation or proceeding for which the protected health information is requested to permit the patient to raise an objection to the court or administrative tribunal.
- (3) The time for the patient to raise objections to the court or administrative tribunal has elapsed, and **(check one)**

_____ No objections were filed; **OR**

_____ All objections filed by the patient were resolved by the court or the administrative tribunal being sought are consistent with such resolution.

Statement of Assurances – continued

Signature of Attorney Issuing Subpoena

Date

SWORN TO AND SUBSCRIBED BEFORE ME on this ____ day of _____, 20 ____.

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS