



INSTRUCTIONS: Please complete this form to request the disclosure of Protected Health Information (PHI) pursuant to a non-judicially issued subpoena that is not accompanied by a signed patient (or his/her representative) authorization form. See HCHD Policy 3.11.306 *Permitted Use and Disclosure of Protected Health Information Without Patient's Authorization*

Patient Name: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

Medical Record Number: _____

I hereby certify, as the attorney subpoenaing protected health information (PHI) for the above identified patient, that the following requirements under **45 CFR §164.512(e)(1)(i-vi)** have been met. In addition, I have attached documentation in support of the following statement(s).

1. A good faith effort was made to provide written notice to the patient (or the patient's attorney), and
2. The notice included sufficient information about the litigation or proceeding in which the PHI is requested to permit the individual to raise an objection in court or administrative tribunal; and
3. The time for the individual to raise objections to the court or administrative tribunal has elapsed and:
 - a. No objections were filed: or
 - b. All objections filed by the individual have been resolved by the court or tribunal and the disclosures sought are consistent with such resolution.

OR

4. 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
5. The party seeking the PHI has requested a qualified protective order from such court or administrative tribunal.

I have attached documentation in support of the aforementioned.

Name: _____

Signature and Date: _____

Texas Bar Certification Number: _____