



The Buerger Ambulatory Care Center
Health Information Management Department
3500 Civic Center Blvd - P1180
Philadelphia, PA 19104
Phone: 215-590-3640
Fax: (267) 426-8654

Dear Madam or Sir,

Thank you for your request for medical records from Children's Hospital of Philadelphia (CHOP). Recent updates to regulations implementing the Health Insurance Portability and Accountability Act (HIPAA) require that CHOP obtain an attestation in certain circumstances before disclosing protected health information (PHI). CHOP and other healthcare providers must obtain this attestation because HIPAA now prohibits the use or disclosure of reproductive health care information to investigate or impose liability on individuals for the mere act of seeking, obtaining, providing, or facilitating legal reproductive health care. HIPAA requires that CHOP comply with this attestation requirement when a request is for any of the following purposes and potentially relates to reproductive health care:

- Health oversight activities;
- Judicial or administrative proceedings;
- Law enforcement activities; or
- Disclosures to coroners and medical examiners.

Because your request is for one of the above purposes, CHOP requires that you complete and return the attached attestation form before CHOP will release requested records. A properly completed attestation form is required in addition to any legal or other documentation that HIPAA may require to fulfill your request (e.g. valid court order). Please note that the attestation form cannot be modified and is based on a standard form created by the United States Department of Health and Human Services for use by healthcare providers.

To continue processing your request, please sign the enclosed attestation form and submit it with any other required documentation to CHOP's Health Information Management Department. The form and documentation can be submitted by fax or mail to the address and fax number above, by email to HIMROI@CHOP.edu, or through our website: <https://www.chop.edu/patients-and-visitors/obtaining-medical-records>. For requests relating to patients who reside in New Jersey or received care from CHOP in New Jersey, additional steps may be necessary.

CHOP takes seriously its duties relating to patient privacy. We appreciate your understanding and your anticipated cooperation. If you have any questions or concerns, please contact us at 215-590-3640 or HIMROI@chop.edu.

Sincerely,

Release of Information Team
Health Information Management Department

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