HARRISHEALTH
SYSTEM

INSTRUCTIONS: Please complete this form to request the disclosure of Protected Health Information (PHI) pursuant to a subpoena that is not accompanied by a court order or an authorization signed by the patient (or his/her representative. *Please note your request may be denied if you submit an incomplete form and/or provide insufficient supporting documentation.*

Cause Number and Style of Suit: ____

Patient's Information:

Name: ____

Address: ____

Date of Birth: ____

Social Security Number:____________**Medical Record Number**: _________________

I hereby certify, as the attorney subpoenaing for the above identified patient, that the following requirements under **45 CFR §164.512(e)(1)(ii-vi)** have been met. In addition, I understand that I must attach documentation to this statement demonstrating the following:

1. I have made a good faith effort to provide written notice to the above identified patient (or that 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: (please circle either a. or b.)
   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 by this subpoena are consistent with such resolution.

OR (please circle either 4. or 5.)

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 also hereby certify that the PHI requested is related to a judicial proceeding in which the patient is a party (*See* TEX. HEALTH & SAFETY CODE § 241.153(20)).

Name of Attorney: ____

Signature: ____

Date: __________________ **State Bar Number:**______________________________