

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
PRIVACY MANAGEMENT



CERTIFICATE OF COMPLIANCE
NOTIFYING PATIENT OF JUDICIAL REQUEST FOR HEALTH INFORMATION

Patient Name: _____

Patient's Date Of Birth: _____

TO: University of Florida

As the attorney seeking a copy of this patient's protected health information, I hereby certify that:

- A. I have made a good faith attempt to provide **written notice*** of the request to the patient; **AND**
- B. The notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit the patient to raise an objection to the court; **AND**
- C. The time for the patient to raise objections to the court has elapsed; **AND**
 - 1. No objections were filed, **OR**
 - 2. All objections filed by the patient have been resolved by the court and the disclosures being sought are consistent with such resolution. ******

*** Copies of the written notice and postal registration/certification receipt are attached to this certificate.**

**** A copy of the document showing resolution of the patient's objections is attached.**

Certified By: _____
(Please print attorney's name)

Signature of Attorney: _____

Florida Bar Number: _____

Date of Certification: _____