

This form is intended to serve as a sample for Michigan attorneys assisting clients with forms for HIPAA compliance. Under HIPAA preemption standards a HIPAA form is not intended to replace a current form being used in compliance with applicable Michigan law. Use of the sample HIPAA forms will require integration of the HIPAA sample form with existing forms currently in use. The attorney also may wish to consult the HIPAA Matrix to determine if any preemption issue under Michigan law needs to be addressed in the form. This form is for educational purposes only and does not constitute, and may not be relied upon, as legal advice.

## **Adequate Assurance of Notice to Individual who is subject of Protected Health Information**

Please provide on your stationery the following written statement

- A. I have made a good faith attempt to provide written notice to the individual (or, if the individual's location is unknown, to mail a notice to the individual's last known address);**
- B. The notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit the individual to raise an objection to the court or administrative tribunal; and**
- C. The time for the individual to raise objections to the court or administrative tribunal has elapsed, and:
  - 1. No objections were filed; or**
  - 2. The court or the administrative tribunal has resolved all objections filed by the individual to the disclosures.****

Please advise of the address and contact person from whom copies of the notice and information confirming the attempted provision of notice may be obtained:

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Dated: \_\_\_\_\_

By: \_\_\_\_\_

Printed name of attorney

Attorney representing \_\_\_\_\_