Law Firm Attestation Regarding Requests to YoCierge Inc. for Protected Health Information (PHI)

Attestation

To Whom It May Concern:

The undersigned law firm attests to the following regarding any requests for Protected Health Information (PHI) sent to YoCierge Inc.:

1. Compliance with HIPAA Privacy Rule

- We attest that the use or disclosure of PHI requested by our firm is not for a purpose prohibited by the HIPAA Privacy Rule at 45 CFR 164.502(a)(5)(iii). Specifically:
 - The purpose of the use or disclosure of PHI is **not to investigate or impose liability on** any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for such purposes.

2. Notification in Non-Compliant Cases

 In any case where the above condition is not met, our law firm will specifically notify YoCierge Inc. in advance before making any such request.

3. Review of Previous Requests

 We confirm that, to the best of our knowledge and belief, none of the requests for PHI previously submitted to YoCierge Inc. by our firm were for a purpose prohibited by the HIPAA Privacy Rule as described above.

4. Authorization to Sign Reproductive Healthcare Records Attestation Forms

 YoCierge Inc. is hereby authorized to sign Reproductive Healthcare Records Attestation forms solely in an administrative capacity on behalf of the undersigned law firm, based on the representations made by the firm. Additionally, YoCierge Inc. is authorized to affix the law firm's provided signature to such forms when acting in this capacity.

Acknowledgment of Legal Responsibility

We understand that any use or disclosure of PHI that violates HIPAA regulations may subject our firm to potential civil and criminal penalties, including those described in 42 U.S.C. §1320d-6.

Date:		

Authorized Signatory (please sign inside the box)

YoCierge Inc. is authorized to use the above signature when signing Reproductive Healthcare Records Attestation forms in accordance with this attestation.