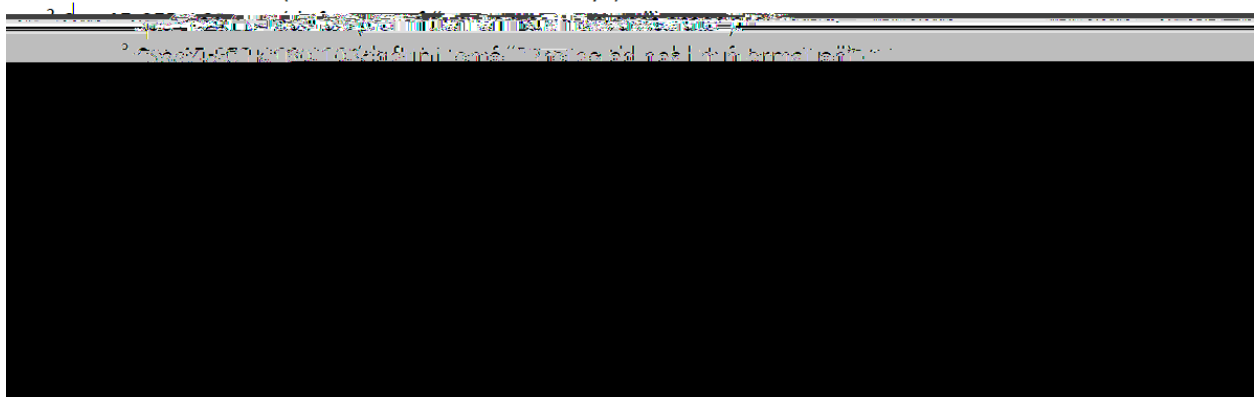


**Wittenberg University Attestation for a Requested Use or Disclosure of
Protected Health Information Potentially Related to Reproductive Health Care**

1 See 45 CFR 160.102 (definition of "Covered entity").



13 See 45 CFR 164.509(a)(5)(ii)(D)(2)-(C)(2).

14 See 45 CFR 164.509(b)(2)(ii).
15 See 45 CFR 164.509(b)(2)(iii).
16 See 45 CFR 164.509(b)(2)(iv).
17 See 45 CFR 164.509(b)(2)(v).

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This attestation document may be provided in electronic format, and electronically signed by the person requesting protected health information when the electronic signature is valid under applicable Federal and state law. Further, the entire form must be completed for the attestation to be valid.

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|-------------------------------------------------------------|
| |
| e.g., name of investigator and/or agency making the request |
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