Requirements of SB-107
IPA Attestation Form

IPA Name:

Name of IPA Compliance Officer:

I hereby attest to the following:
We will not release medical information related to a person or entity allowing a child to receive gender-affirming health care or mental health care in response to any civil action, including a foreign subpoena, based on another's state law that authorizes a person to bring a civil action against a person or entity that allows a child to receive gender-affirming health care or mental health care. I attest we will not release medical information to persons or entities who have requested that information and who are authorized by law to receive that information pursuant to Civil Code § 56.10(c), if the information is related to a person or entity allowing a child to receive gender-affirming health care or mental health care, and the information is being requested pursuant to another state's law that authorizes a person to bring a civil action against a person or entity who allows a child to receive gender-affirming health care or mental health care. We have reviewed policies and procedures, as well as other documents, and affirm that they are consistent with the requirements of SB 107.

I attest and agree to the above and that documentation to support compliance with this attestation will be made available to IEHP upon request. (This attestation form must be signed by the Delegate's appointed Compliance Officer, with the authority to sign on behalf of the delegate entity and to attest to the accuracy and completeness of the information provided.)

Name (Print):

Title:

Organization/Entity Name:

Signature:

Phone: **E-Mail:**

Date Signed: