



APPLEBY & CO.

INC

Appleby & Company, Inc. has noticed an increasing number of sources are requiring an original signature on the enclosed form entitled "Attestation Regarding a Requested Use or Disclosure of Protected Health Information Potentially Related to Reproductive Health Care". Requiring an attorney/requesting party to provide an original signature is time consuming and delays receipt of documents. From this point forward, we will, with the attorney's/requesting party's permission, sign the Attestation on behalf of the issuing attorney/requesting party. To do this, however, we will require a signed consent form.

Please indicate your preference below and return this letter at your earliest convenience.

If you have any questions regarding the above, please do not hesitate to contact our office.

Very truly yours,

Records Reproduction

Appleby & Company, Inc.

- I prefer to sign my own Attestation.
- Appleby & Company, Inc. has permission to sign the Attestation issued on my behalf.

(Permission may be revoked at any time upon written notice to Appleby & Company, Inc.)

Dated: _____