



Certificate of Return or Destruction of PHI Form

Fill Out Completely and Submit To:
Contract&Compliance@nlacrc.org

Vendor Name:	Vendor #:
Inclusive Dates Covered:	

On behalf of above named vendor (“Vendor”), I hereby certify that all individually identifiable health information, including electronic copies of such information (“PHI”), provided to Vendor by North Los Angeles County Regional Center (“NLACRC”) pursuant to the Business Associate Agreement entered into by and between Vendor and NLACRC:

Select one option and sign certification below:

<u>has been securely returned</u> to NLACRC and that Vendor has retained no copies of said PHI.

<u>has been destroyed</u> , as follows, and that Vendor has retained no copies of said PHI.
Date of Destruction: _____ Authorized By: _____
Description of Information Disposed Of / Destroyed:
Method of Destruction: Burning Pulverizing Other Overwriting Reformatting Pulping Shredding
Records Destroyed By (Name of Third Party Firm): _____
If On Site, Witnessed By: Manager: _____

<i>By signing below, I certify that the above information is accurate and that I am authorized to sign on behalf of the aforementioned vendor.</i>	
Authorized Signature _____	Title _____
Name (please print) _____	Date _____

For Regional Center use only:		
Vendor indicated PHI was returned to NLACRC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PHI was received by:	NLACRC staff:	Date: