



# Massachusetts Department of Public Health Health Care Provider Phase 1 Reopen Attestation

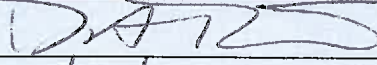
This self-attestation form is applicable to all health care providers other than acute care hospitals and **must be completed prior to performing Phase 1 services and procedures as defined in Massachusetts Department of Public Health (DPH) Reopen Approach for Health Care Providers (Providers that are Not Acute Care Hospitals) guidance (“DPH Provider Reopening Guidance”)**. The form must be signed by the provider’s designated compliance leader or, in the case of a community health center (CHC) as defined in DPH Provider Reopening Guidance, the CHC’s chief executive officer.

CHCs that meet the criteria below and intend to perform Phase 1 services and procedures **prior to May 25, 2020** must prominently post the completed attestation to the CHC’s website with a link to the [Commonwealth’s Reopening website](#) and submit the form to DPH at [DPH.BHCSQ@massmail.state.ma.us](mailto:DPH.BHCSQ@massmail.state.ma.us). The attestation should be included as an attachment to the email and the subject of the email should be “Phase 1 Attestation – Your CHC Name.”

A health care provider that meets the criteria below and intends to perform Phase 1 services and procedures **on or after May 25, 2020** must retain this attestation for inspection upon request by DPH.

Provider Information	
<b>Provider Name:</b>	<i>Signature Medical Group</i>
<b>Date of Self Attestation:</b>	May 20, 20
<b>Date to Begin Phase 1 Services:</b>	May 26, 2020
Individual Responsible for Compliance <i>Authorized compliance lead for the provider or Chief Executive Officer</i>	
<b>Name:</b>	David Drinkwater, MD
<b>Title:</b>	President Signature Medical Group
<b>Phone Number:</b>	508-565-3298
<b>E-mail Address:</b>	ddrinkwater@signature-healthcare.org

Attestation of Compliance <i>Mark each criteria with an “X”</i>	
In accordance with DPH Provider Reopening Guidance, the undersigned certifies that:	
Public Health and Safety Standards	
X	The health care provider is in compliance with all Personal Protective Equipment and Other Essential Supplies standards outlined in DPH Provider Reopening Guidance.
X	The health care provider is in compliance with all Workforce Safety standards

X	outlined in DPH Provider Reopening Guidance.
X	The health care provider is in compliance with all Patient Safety standards outlined in DPH Provider Reopening Guidance.
X	The health care provider is in compliance with all Infection Control standards outlined in DPH Provider Reopening Guidance.
X	The health care provider maintains and regularly updates written policies or procedures that meet or exceed all of the public health/safety standards outlined in DPH Provider Reopening Guidance.
<b>Services and Procedures Provided</b>	
X	The health care provider will provide only those in-person procedures and services consistent with the DPH Provider Reopening Guidance that based on the provider's clinical judgment, constitute: (1) high-priority preventative care, such as pediatric care and chronic disease care for high-risk patients, (2) urgent procedures or services that cannot be delivered remotely and would lead to high risk or significant worsening of the patient's condition if deferred, and (3) emergency procedures or services.
X	The health care provider is making clinical determinations about service provision in a manner consistent with the DPH Provider Reopening Guidance.
<b>Compliance and Reporting</b>	
X	The health care provider has designated a compliance leader at the highest level of the organization who is responsible for overseeing ongoing compliance with the standards and criteria outlined in DPH Provider Reopening Guidance.
X	The health care provider will maintain this attestation and documentation of compliance, including all written policies and protocols that incorporate or exceed the standards outlined in DPH Provider Reopening Guidance for PPE and supplies, workforce safety, patient safety, and infection control, and will make such documents available to DPH upon request at any time.
X	The health care provider is making reasonable efforts to recall furloughed direct care workers to the extent possible.
<b>Certification and Attestation of Provider Readiness</b>	
X	On behalf of the provider indicated above, I certify under the pains and penalties of perjury that the above certifications are true and accurate and the provider will continue to meet the Phase 1 criteria and standards in DPH Provider Reopening Guidance. I understand that should the provider become unable to meet any of the criteria or standards in DPH Provider Reopening Guidance and contained within this form the provider must immediately notify DPH and cease performing Phase 1 services until full compliance is obtained.
<b>Signature:</b>	
<b>Date:</b>	5/20/20
<b>Name:</b>	David Drinkwater, MD