**PRACTICE SITE ATTESTATION**

**Dirigo Health Agency**

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| **VENDOR INFORMATION** |
| **Company Name** | **Tax ID** | **State of Maine Contract Number** |
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| **Contact Person – First Name***for questions about this registration* | **Last Name** | **Telephone** | **Email** |
|  |  |  |  |
| **Address (Street)**  | **City** | **State** | **ZIP code** |
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| As part of the registration process, the Designated Vendor must provide the following information: 1. Attestation *(see below)* from the authorizing representative of the practice site indicating that the practice site:
* has signed a contract with the above Designated Vendor;
* has agreed to have practice site level and aggregate survey results shared with Dirigo Health Agency prior to submission to the CAHPS Database as a condition of second subsidy payment;
* has agreed to allow the Designated Vendor to submit survey data to the CAHPS Database on its behalf in accordance to CAHPS specifications; and
* will execute a Data Use Agreement with CAHPS providing access to survey data by Dirigo Health Agency for public reporting;
1. A list of each practice site by name and size that corresponds with those identified in the contract between the practice site owner and the Designated Vendor.
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| **ATTESTATION** *(to be signed by authorized representative of practice site)* |

I, click here to enter name of authorized representative, on behalf of the attached practice sites,
have entered into a contract with click here to enter name of designated vendor.

This is to attest that the practice sites listed on the attached registration form:

* are included in a contract with the above Designated Vendor;
* have agreed to have practice site level and aggregate survey results shared with Dirigo Health Agency prior to submission to the CAHPS Database as a condition of second subsidy payment;
* have agreed to allow the Designated Vendor to submit survey data to the CAHPS Database on its behalf in accordance to CAHPS specifications;
* will execute a Data Use Agreement with CAHPS providing access to survey data by Dirigo Health Agency for public reporting;

Signature: 

*(insert electronic signature of authorized representative in space above)*

Name: click here to enter name of authorized representative

Title: click here to enter title of authorized representative

Name of Organization: click here to enter organization

Date: click here to enter date

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| **To complete registration:** |   |   |   |   |   |   |   |
| **Submit signed Attestation.****Submit Registration Form identifying each practice site included under each Attestation.****Email to:** **jmackenzie@usm.maine.edu** |

**For questions about the Attestation form or registration process, contact Jennifer MacKenzie, (207) 780-4525, or** **jmackenzie@usm.maine.edu**