Ohio Department of Health
Health Care Services
Attestation of Compliance

An Attestation of Compliance must be signed by the authorized representative of the provider of the Health Care Service (HCS) and the Medical Director for each service. A separate Attestation of Compliance form must be completed for each HCS and for each Medical Director.

Based on personal knowledge and belief, I attest that the_____service for which the undersigned is the medical director, at_____, the provider of the HCS, in_____, Ohio currently meets and will continue to meet the applicable statutory and regulatory requirements in section 3702.11 through 3702.20 of the Ohio Revised Code and Chapter 3701-84 of the Ohio Administrative Code.

I understand that falsifying or materially misrepresenting any information in this Attestation of Compliance will result in enforcement action. I understand that timely notification to the Director of Health is required upon any material change in the HCS offered or any change in the undersigned personnel on this attestation. I further understand that the Ohio Department of Health has the right to conduct an inspection at any time to validate whether the statements made in this Attestation of Compliance are true.

Specify the service for which the undersigned is the Medical Director		
Signature of the Medical Director of the HCS		Date
Typed Name	Telephone	E-mail address
Signature of authorized representative of the provider of the HCS		Date
Typed Name	Telephone	E-mail address
Title/relationship to the provider of the HCS		

Please return to:
Ohio Department of Health
Division of Quality Assurance
Health Care Services Section
246 North High St.
Columbus, Ohio 43215

Contact Information:
Telephone: 614-466-3325
Fax: 614-564-2480
E-mail: HCSDATA@odh.ohio.gov

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