**Policies and Procedures Attestation**

I attest that we are compliant with all Contexture/CORHIO Policies and Procedures as agreed to in the Participant Agreement. The following list confirms I have satisfied all deliverables related to these efforts.

|  |  |
| --- | --- |
| **Policies and Procedures Action Item** | **Upon Completion Initial Here** |
| Received and filed CORHIO Governing Principles and Policies. |  |
| Received and filed CORHIO Participant Procedures. |  |
| Received and filed CORHIO-provided Policies and Procedures Appendix Template. |  |
| Included the CORHIO-provided Patient Notification in my Notice of Privacy Practice/HIPAA Consent and/or displayed the provided CORHIO Notification Poster in an area viewable to all patients. |  |
| Received the CORHIO-provided Opt-In and Opt-Out forms with my organization’s information and prepared staff on how to use these forms. |  |
| Obtained signatures on the CORHIO Appropriate Use and Disclosures document from all PatientCare 360 users and retained in their employee file. |  |
| All PatientCare 360 users are able to utilize two-factor authentication via Google Authenticator (utilizing QR code from a smart phone). |  |

Signature

Name (printed)

Organization

Date

***Please return this form to your HIE Project Manager either by fax at 720-285-3206 or via email.***