

## STATEMENT OF AGREEMENT FOR VOCATIONAL EVALUATORS

*I certify that:*

### Initials

- I am not currently excluded, suspended or otherwise barred from participation in the Medicare or Medicaid programs or any other Federal or Federally assisted program;
- My license or certificate is not currently revoked, suspended or sanctioned by any State licensing authority for any reason; and, I understand that a credentials check will be done by the Social Security Administration (SSA)/Washington Division of Disability Determination Services (DDDS);
- I have not surrendered my license or certificate pending disciplinary procedures involving professional misconduct;
- All support staff used in the performance of consultative examinations (CEs) meet the appropriate licensing and certification requirements of the state;
- I understand the recommended scheduling interval requirements for CEs performed for the Washington DDDS is one (1) day;
- I provide equal access and quality of service to people with disabilities, from diverse ethnic backgrounds, and to members of sexual minority groups;
- I have been provided with an overview of SSA's disability programs and regulations, including the need to include a medical source statement about the claimant's ability to do work related activities in the consultative examination report;
- I understand the basic requirement to maintain the confidentiality of medical records stems from Section 1106 of the Social Security Act, and it's implementing Regulations No. 1 (42 U.S.C. 1306: 20 CFR 401). Section 1106 prohibits disclosure of information obtained in the administration of Social Security program except as prescribed by regulation, and makes unauthorized disclosure a crime. These prohibitions extend to any background data furnished to you in conjunction with performing a consultative examination for our agency, including any copies of reports retained by you. Unauthorized disclosure of such records is prohibited;
- I understand all requests for copies of reports, including subpoenas, be referred to the DDDS Professional Relations Department immediately;
- I understand I can voluntarily terminate panel membership at anytime, and conversely that involuntary termination is at the discretion of the Professional Relations staff;
- I understand that false certification will be grounds for termination of my contract.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_