EXHIBIT C

STATEMENT OF AGREEMENT FOR MEDICAL PROVIDERS

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 is current and active. My license 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 initially and periodically by the Social Security Administration (SSA)/Washington Division of Disability Determination Services (DDDS);

___ I have not surrendered my license pending disciplinary procedures involving professional misconduct;

___ I will immediately notify the DDDS if there is any pending disciplinary action against my license. Failure to do so could result in termination of an agreement to perform services and/or legal action;

___ All support staff used in the performance of consultative examinations (CEs) meet the appropriate licensing and certification requirements of the state; and are not currently excluded, suspended or otherwise barred from participation in the Medicare or Medicaid programs or any other federal or federally assisted programs;

___ I understand the recommended scheduling interval requirements for CEs performed for the Washington DDDS is 40 minutes for physical exams;

___ 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; and

___ I understand that false certification will be grounds for termination of my contract.

SIGNATURE:_____ DATE:_____