

## STATEMENT OF AGREEMENT

---

*I certify that:*

- 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 bearing on professional competence, professional conduct, or financial gain;
- 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 while awaiting final determination on formal disciplinary proceedings 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;
- I provide equal access and quality of service to people with disabilities, from diverse ethnic backgrounds, and to members of sexual minority groups;
- I understand all requests for copies of reports, including subpoenas, be referred to the DDDS Professional Relations Department immediately; and
- 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 certify** that, to the best of my knowledge and belief, all the information on this form is correct. I understand that I will not be considered for an agreement to provide services if I am unable to certify to the above and that false certification will be grounds for termination of any resulting agreement to provide services.

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

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