STATEMENT OF AGREEMENT

(do not initial, comment, or mark on form)

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 programs;

- My license is current and active and has not been revoked or suspended by any State licensing authority for reasons bearing on professional competence, professional conduct, or financial integrity;

- I have not surrendered my license while awaiting final determination on formal disciplinary proceedings involving professional conduct;

- I understand that a credentials check will be made upon my initial agreement to perform services and periodically thereafter by the DDDS;

- 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 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: _____
(wet ink signature required)