

{*Organization Letterhead*}

Attestation Statement (draft)

Date \_\_\_\_\_

Surveyor Name \_\_\_\_\_

By my signature below, I attest:

I have received the initial Quality of Life survey training and understand the survey questionnaire, the manner surveys are to be scheduled, administered to participants and reported to ODJFS.

I agree to safeguard participant's information, both personal and medical, which I have access to as a result of conducting the Quality of Life Survey under the contract awarded to {*vendor organization*}.

I have undergone required Health Insurance Portability and Accountability Act (HIPAA) training regarding treatment of all aspects of confidential consumer information.

I understand that any information or incidents that may possibly have a negative impact on a participant's health and safety will be reported to the designated state staff administering the program in accordance with Ohio Administrative Code(s) 173-39-02, 5101:3-12-29 and 5123:2-17-02.

I have undergone the required background check and have evidence it has been satisfactorily completed.

Surveyor Signature \_\_\_\_\_

Witness/  
Project Manager  
Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_