

# Massachusetts Department of Public Health

## Health Care Provider Reopen Attestation

### Phase 3: Vigilant



**NOTE: Effective July 6, 2020, this Phase 3: Vigilant attestation form for Phase 3 services, including day programs and group treatment, incorporates public health and safety standards previously required for Phase 1: Start and Phase 2: Cautious.**

This self-attestation form is applicable to all health care providers other than acute care hospitals and **must be completed prior to performing Phase 3 services and procedures as defined in Massachusetts Department of Public Health (DPH) [Reopen Approach for Health Care Providers \(Providers that are Not Acute Care Hospitals\) guidance for Phase 3.](#)**

A health care provider that meets the criteria below and intends to perform Phase 3 services and procedures (which include day programs and group treatment beyond Phase 2 limitations) must complete this attestation form prior to performing these services. In addition, DPH may require a health care provider to complete this attestation form at a later date in order to continue all Phase 1, 2, or 3 services, as the result of potential modifications to the criteria during Phase 3. The form must be signed by the provider's designated compliance leader or, in the case of a community health center (CHC) as defined in [DPH Provider Reopening Guidance Phase 1](#), the CHC's chief executive officer. Health care providers with multiple locations may sign and maintain one attestation on behalf of providers at all locations, as long as the designated compliance leader has clinical and operational control over the other locations. Health care providers shall prominently post a copy of the signed attestation form at each of its facilities, clinics and office locations.

A health care provider that meets the criteria below and intends to perform Phase 3 services must maintain a copy of the signed attestation to be made available to DPH upon request. The Phase 3 attestation form should not be submitted to DPH, but instead maintained as indicated above.

| Provider Information  |   |
|---|---|
| <b>Provider Name:</b>   | Community Healthlink                          |
| <b>Date of Self Attestation:</b>  | 8/3/2020                                      |
| <b>Date to Begin Phase 3 Services:</b>  | 8/4/2020                                      |
| <b>Individual Responsible for Compliance</b><br><i>Authorized compliance leader for the provider or Chief Executive Officer</i> |   |
| <b>Name:</b>  | <small>DocuSigned by:</small><br>Samara Lundi |
| <b>Title:</b>   | CEO<br>0A39E9620FF4400...                     |
| <b>Phone Number:</b>  | 508-860-1129                                  |
| <b>E-mail Address:</b>  | tlundi@communityhealthlink.org                |

Massachusetts Department of Public Health  
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**Attestation of Compliance**  
*Mark each criteria with an "X"*

In accordance with [DPH Provider Reopening Guidance Phase 3](#), the undersigned certifies that:

**Phase 3: Vigilant Certification and Attestation**

On behalf of the health care provider indicated above, I certify under the pains and penalties of perjury that this certification is true and accurate and that the provider will continue to meet the criteria and standards in the [DPH Provider Reopening Guidance for Phase 3](#).

I understand that should the health care provider become unable to meet any of the criteria or standards in DPH Provider Reopening Guidance for Phase 3, the health care provider should immediately notify DPH and may be required to cease performing Phase 1, Phase 2, and Phase 3 services until full compliance is obtained, if necessary.

**Signature:**

DocuSigned by:  
*Tamara Lundi*  
0A39E9620FF4400...

**Date:**

8/3/2020

**Name:**

Tamara Lundi