

Contractor Name:		Contractor City Vendor ID	
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### COMPLIANCE ATTESTATION FOR HIPAA COVERED ENTITIES

All business partners of SFDPH that are HIPAA Covered Entities must have a formal compliance program and demonstrate integrity in their business practices. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

**Exceptions:** If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

I. DOES YOUR ORGANIZATION...				Yes	No*	
A	Have a formal Compliance Program that meets Office of the Inspector General (OIG) requirements?					
B	Have a Compliance Officer or other individual designated as the person in charge of handling compliance matters?					
	If yes:	Name & Title:	Phone #	Email:		
C	Require Compliance Training upon hire and annually thereafter for all employees? [Retain training materials for 7 years.]					
D	Have proof that employees have completed compliance training? [Retain proof for 7 years.]					
E	Have a Code of Conduct or Ethics policy that includes a non-retaliation clause and a mechanism for staff to confidentially and anonymously report potential compliance concerns. [Retain versions for 7 years.]					
F	Have proof that employees upon hire, and annually thereafter, have signed agreement to your organization's Code of Conduct? [Retain proof for 7 years.]					
G	Have mechanisms in place to identify and promptly respond to compliance deficiencies (including reporting any deficiencies to SFDPH) that could jeopardize your organization's continued participation in government health care programs including Medicare or Medi-Cal funded programs?					
H	Understand and comply with state and federal regulations regarding billing Medicare and Medi-Cal programs and assure that bills submitted to such programs are supported by the required medical record documentation?					
I	Publicize the SFDPH Compliance and Privacy Hotline number (1-855-729-6040) or the City's Whistleblower Program including posting a notice of whistleblower protections in staff areas where it can be seen?					
J	Upon hire and monthly thereafter, check the exclusions lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency? [Retain proof for 7 years.]					
K	Upon hire and re-enrollment of clinical providers, check the Social Security Administration's Death Master File to ensure that Medicaid or Medicare is not being billed in the name of a deceased provider. [Retain proof for 7 years.]					
L	Require (or will require if/when applicable) subcontractors that are HIPAA Covered Entities to comply with all applicable requirements in this Attestation?					

### II. Under penalty of perjury, I attest that I have authority to sign on behalf of my organization and that, to the best of my knowledge, the information herein is true and correct:

Attested by:	Name: (print)	Title:	Signature:	Date:

**III. \*EXCEPTIONS:** If you answered "NO" to any question or believe a question is Not Applicable, please contact OCPA for a consultation at **1-855-729-6040** or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org). All "No" or "N/A" answers must be reviewed and approved by OCPA below.

Approved by OCPA:	Name: (print)	Title:	Signature:	Date: