

APPENDIX E

**Pennsylvania eHealth Partnership Program
EHR Incentive Program Grant**

CEHRT Installation Attestation

HHAs may use this form to document completion of CEHRT Installation activities, or the HHA may provide its own proof CEHRT Installation.

To be completed by the Home Health Agency (HHA):

Home Health Agency Name: _____

Date of Installation Completion: _____

HHA's Electronic Health Record System Vendor/Product:

Name of Individual Completing This Form: _____

Title of Individual Completing This Form: _____

Phone Number: _____ Email Address: _____

By my signature below, I attest to the following:

- A. I certify that the information on the enclosed attestation is accurate and complete as submitted.
- B. I understand that the payment for these services will be from federal and state funds and that I may be prosecuted for false claims, statements or documents, or concealment of material facts.

Signature: _____ Date: _____

Please note that the Department of Human Services may contact you to validate that you completed this form.