

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

CHANGE IN DESIGNATION OF CONTACT OF RECORD FOR PURPOSES OF MANDATORY REPORTING

ASC HOME HEALTH HOSPICE HOSPITAL NURSING HOME SCALF
(check the appropriate facility/provider type, choose only one per designation form)

SHPDA FACILITY ID NO.:

FACILITY NAME:

“A health care reporter required to file a Mandatory Report shall maintain a current listing with the Agency of the name, title, phone number and e-mail address of at least two individuals designated as the contact of record for purposes of all reports filed with the Agency and shall designate at least one such contact person as the primary contact in each report that is filed. The failure to maintain a current contact listing shall not constitute grounds for the waiver of any penalties imposed under this rule.”
Ala. Admin. r 410-1-3-.11(3)(7)

Information on behalf of the following contact(s) should be updated to reflect the following designation(s). Only updated information is to be provided.

Primary Secondary Optional POS

PRIMARY CONTACT: **(required)**
NAME: _____
TITLE: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____

SECONDARY CONTACT: **(required)**
NAME: _____
TITLE: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____

ADDITIONAL CONTACT: **(optional)**
NAME: _____
TITLE: _____
POS CONTACT: **(hospitals only, required)**
PHONE NUMBER: _____
E-MAIL ADDRESS: _____

NAME OF INDIVIDUAL COMPLETING DESIGNATIONS: _____

ELECTRONIC SIGNATURE: _____

DATE OF SIGNATURE: _____

PHONE NUMBER (if not listed above): _____

E-MAIL ADDRESS (if not listed above): _____