

Massachusetts Department of Public Health  
 Acute Care Hospital 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 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 Acute Care Hospitals Phase 3: Vigilant Guidance.**

A hospital or hospital system 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 hospital or hospital system 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 attestation form must be signed by the chief executive officer (CEO) of the hospital or hospital system on behalf of all system hospitals and include a named contact responsible for internal compliance with these criteria. The hospital or hospital system must maintain a copy of the signed attestation to be made available to DPH upon request. A copy of the signed attestation form must be prominently posted at each hospital and on the hospital’s website with a link to the Commonwealth’s Reopening website. The Phase 3 attestation form should not be submitted to DPH, but instead maintained as indicated above.

Hospital or Hospital System Information	
<b>Hospital Name or Hospital System Name:</b>	<i>Boston Medical Center</i>
<b>Date of Attestation:</b>	September 21, 2020
<b>Date to Begin Phase 3 Services:</b>	September 25, 2020
<b>Chief Executive Officer</b> <i>CEO authorized to sign on behalf of the hospital or hospital system</i>	
<b>Name:</b>	Kate Walsh
<b>Phone Number:</b>	617-638-6911
<b>E-mail Address:</b>	Kate.Walsh@bmc.org



**Attestation of Compliance**  
*Mark each criteria with an "X"*

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

**Phase 3: Vigilant Certification and Attestation**

**X**

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

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

**Signature**

*Kathleen E Walsh*

**Date**

September 21, 2020

**Name**

Kate Walsh, CEO