



Kaleida Health

Attestation Form

Important Documents for Employee and Independent Contractor Practitioners

I hereby certify that I have carefully read and understand the following documents currently found on the Kaleida Health internet website:

- HIPAA Review for Physicians and Allied Health Professionals (updated April, 2013)
- Medical and Dental Staff Bylaws (updated February, 2011)
- Rules and Regulations of the Medical and Dental Staff (updated March, 2013)
- Statement of Practitioner's Rights

I agree to support the hospital's mission and vision of providing excellence in health care.

Name (Please Print)

Signature

Date

RETURN COMPLETED ATTESTATION TO:

Kaleida Health
Medical and Dental Staff Office
1028 Main Street, 3rd Floor
Buffalo, New York 14202