

{AGENCY LETTERHEAD}

{Address of the Agency}

{*Title of the Public Health Agency Responding*}

Annual Contact Confirmation Form

We are confirming that [NAME] of:

Facility Name: [FACILITY]
Address: [ADDRESS]
City, State & Zip: []
Office number: []
Fax number: []
Point of Contact: [NAME,]

Has made contact with our {*Name of agency: For example "Office of Emergency Preparedness and Response, Public Health Incident Command Center"*} located at:

{Address of the Agency}

The Facility Emergency Plan was provided for review: YES
 NO

If YES, plan date: _____

If YES, comments/recommendations have been provided:
 YES
 NO

If you need to report a public health emergency call: {*Agency Phone contact number*}

Name: {*Name of Manager*}

Date:

Title:

Signature:

{AGENCY LETTERHEAD}

{Address Agency
Department}

{DATE}

Attention: {Contact Name}

{Address}

{City, State, Zip}

RE: Local Public Health Incident Command Center
Annual Contact Confirmation Form

Dear {Name of Contact}:

Medicare regulations governing the operations of Medicare certified Surgical Centers and End Stage Renal Disease Centers require the facilities to establish initial and on-going annual communication with the local Emergency Operations Center. The {Name of Agency} serves as your local emergency operations contact.

Listed below is a **Disaster Plan / Emergency Contacts Template** for your use. Additionally, in response to the Medicare regulations, we are encouraging any and all private agencies, such as yourselves, to consider including the following in your required emergency operation plans in order for your agency to continue in providing essential services to your clients given the limited resources in Maricopa County:

- **OBTAIN/SECURE/CONTRACT/ FOR BACKUP POWER, WATER AND OTHER UTILITIES**
- **OBTAIN/SECURE/CONTRACT FOR REDUNDANT COMMUNICATIONS**
- **OBTAIN/SECURE/CONTRACT FOR GENERATORS AND FUEL**
- **OBTAIN/SECURE/CONTRACT FOR SANDBAGS**
- **OBTAIN/SECURE/CONTRACT FOR TRANSPORTATION FOR CLIENTS AND STAFF**
- **COLLABORATE WITH YOUR LOCAL PUBLIC HEALTH DEPARTMENT BY PARTICIPATING IN DISASTER PREPAREDNESS MEETINGS, TRAINING AND EXERCISE OPPORTUNITIES**

By no means is this an all-inclusive list of necessities, but a starting point to become self-sufficient in the event of an emergency, or disaster.

By securing redundant utilities and supplies, the majority of emergency/disaster concerns can be minimized. Furthermore, with the possibility of hundreds of healthcare facilities needing resources, we encourage you to prepare your own facility to be able to provide services to your clients for a minimum of seven (7)

{Agency LetterHead}

{Agency Address}

days without assistance from additional businesses or government entities. We encourage on-going communication and embrace the yearly requirement from Medicare to discuss such issues with Emergency Management and Public Health.

We have prepared and signed an **Annual Contact Confirmation Form** for your use. Should disaster strike, we will assist to the extent of resources and the law will allow.

If you have any questions or need additional information, please contact *{Name of contact and phone number}*.

Respectfully,

{Name of Manager}
{Name of Division}
{Name of Authority}