

## **HEALTH CARE INSTITUTION EXEMPTION ATTESTATION**

Per Arizona Revised Statutes (A.R.S.) § 36-407(A), "A person shall not establish, conduct or maintain in this state a health care institution or any class or subclass of health care institution unless that person holds a current and valid license issued by the department specifying the class or subclass of health care institution the person is establishing, conducting or maintaining. The license is valid only for the establishment, operation and maintenance of the class or subclass of the health care institution, the type of services and, except for emergency admissions as prescribed by the director by rule, the licensed capacity specified by the license."

FACILITY INFORMATION				
Name of Facility				
Street Address (physical facility)		Suite, Unit, etc. #		
City	State	Zip Code		
Responsible Person's Name				
Responsible Person's Phone Number	Responsible Person's Email Address			
HEALTH CARE INSTITUTION STATUS				
A.R.S. § 36-401(22) – "Health Care Institution" means every place, institution, building or agency, whether organized for profit or not, that provides facilities with medical services, nursing services, behavioral health services, health screening services, other health-related services, supervisory care services, personal care services or directed care services and that includes home health agencies as defined in section 36-151, outdoor behavioral care programs and hospice service agencies.				
Based on the definition of "health care institution" above, please select the applicable box below.				
□ The facility <b>does</b> meet the definition of health care institution				
☐ The facility <b>does not</b> meet the definition of health care institution				
Please provide an explanation of your selection:				
HEALTH CARE INSTITUTION LICENSING EXEMPTION STATUS (this section is only applicable if the facility meets the definition of a health care institution)				
Please select the applicable box(es) below regarding the facility's health care institution licensing exemption status:				
☐ The facility <b>does not</b> meet any of the health care institution licensing exemptions included under A.R.S. § 36-402.				
☐ The facility <b>does</b> meet the following health care institution licensing exemption included under <u>A.R.S. § 36-402</u> :				
☐ The facility provides remedial care or treatment of residents or patients in a home or institution conducted only for those who rely solely on treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denomination.				
☐ The facility is an establishment, such as motel, hotel and boarding house, that provides domiciliary and ancillary commercial services, but does not provide adaptive, medical, hospital, nursing, health-related or supervisory care services.				
<ul> <li>The facility is a private office or clinic of health care providers licensed under title 32 that is not a freestanding urgent care center and:         <ul> <li>Patients of the office or clinic are <u>not</u> kept overnight as bed patients or are not treated otherwise under general anesthesia, except when treatment by general anesthesia is regulated by title 32, chapter 11.</li> <li>The office or clinic is <u>not</u> an "abortion clinic" as defined by <u>A.R.S. § 36-449.01.</u></li> </ul> </li> <li>The office or clinic is not a "pain management clinic" as defined by <u>A.R.S. § 36-448.01.</u></li> </ul>				

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The facility has a dispensary and first aid station that are located within a business or industrial establishment and that are maintained solely for the use of employees and the facility does not contain inpatient beds and is not under the supervision of a physician.
The facility is for the purpose of the collection, processing or distribution of whole human blood, blood components, plasma, blood fractions or derivatives that are procured, processed or distributed by federally licensed and regulated blood banks.
The facility is where four or fewer adults who are not related to the administrator or owner receive adult day health services for compensation on a regular basis.
The facility is a place where persons receive health-related services only from relatives or from legal guardians or a place that does not purport to be an establishment that regularly provides health-related services and at which one or two persons receive health-related services on a twenty-four-hour basis.
The facility is the personal residence of a terminally ill person, or the personal residence of that person's relative or guardian, where that person receives hospice services from a hospice service agency.
The facility is a medical and health-related facility that provides services to inmates who are confined to a state prison.
The facility provides medical and health services to inmates who are confined in a county jail.
The facility is a community education, advocacy or recovery support group that is not owned or operated by or contracted to provide services with a health care institution.
The facility is an outpatient treatment center that has the same governing authority as a hospital licensed by the Arizona Department of Health Services, is staffed by health care providers who are licensed pursuant to title 32, and:  Patients are <u>not</u> kept overnight in the outpatient treatment center or treated under general anesthesia, except when the treatment by general anesthesia is regulated pursuant to title 32, chapter 11.  The outpatient treatment center is <u>not</u> an "abortion clinic" as defined by <u>A.R.S. § 36-449.01</u> .  The outpatient treatment center is <u>not</u> a "pain management clinic" as defined by <u>A.R.S. § 36-448.01</u> .

\*Note: This is not an official list of all of the health care institution licensing exemptions. For an official list and for all relevant health care institution licensing regulations, please refer to the Arizona Revised Statutes (Title 36, Chapter 4) on the <u>Arizona State Legislature website</u> and the Arizona Administrative Code (Title 9, Chapter 10) on the <u>Arizona Secretary of State website</u>.

## **FACILITY ACKNOWLEDGEMENT**

This section of the attestation must be signed by the facility's responsible person(s).

By signing below, I agree or attest to the following:

- To the best of my knowledge and belief, all information provided in this attestation is true and correct.
- I have read and understand the health care institution licensing requirements and exemptions.
- I understand that if the facility meets the definition of a health care institution and does not meet any of the exemptions for licensing, a health care institution license is required and an application can be found on the Department's <u>Division of Public Health Licensing Services website.</u>
- I understand that additional contact information for the Department (including where to email this attestation) can be found here.
- I understand that if I wish to relinquish my license, I can <u>contact the Department</u> for further instructions.
- I understand that a Compliance Officer from the Department may come to my facility to validate the information provided in this attestation.

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