UnitedHealthcare®

Peer Comparison Reports

Attestation Statement

_____, hereinafter referred to as "Responsible Party," (the Responsible Party must be an authorized agent for the partnership/corporation /sole proprietorship) hereby attests that she/he grants to, hereinafter referred to as "Recipient," (the Recipient is the person who is being authorized to act on behalf of the physician) written permission and authority to view the following individual physician(s) peer comparison reports member detail data and results and to manage any administrative matters and decisions related to the peer comparison reports on behalf of the following physician(s) or all of the physicians in the practice or medical group. Peer Comparison Reports data and results contain Protected Health Information (PHI) as that term is defined under the Health Insurance Portability and Accountability Act (HIPAA) and must be handled in accordance with applicable state and federal law, including HIPAA.

Selected Physician(s) or Solo Practitioner

Print Full Name and TIN: _____

Printed Name and TIN required

Practice or Medical Group

Name: _____

Tax ID # associated with Practice or Medical Group: _____

Responsible Party further attests that she/he will immediately advise UnitedHealthcare, in writing, if the Recipient's authority to view and manage the peer comparison reports data on behalf of the above listed physician(s) or practice or medical group is no longer in effect. Responsible Party also represents and warrants that she/he has the authority to execute this Attestation Statement on behalf of the physician(s) or practice or medical group referenced above.

Responsible Party

Name (signature): _____ **Date:** _____

Name (print): _____

Address: _____

City/State/ZIP: _____ **Phone:** _____

Recipient hereby acknowledges that Peer Comparison Reports data and results contains PHI as defined by HIPAA, and Recipient attests that they will handle such information in accordance with applicable state and federal law, including HIPAA.

Recipient

Name (signature): _____ **Date:** _____

Name (print): _____ **Email Address:** _____

Address: _____

City/State/ZIP: _____ **Phone:** _____

Optum User ID: _____