

**Appendix:**

I, \_\_\_\_\_, attest that the medical record entry for \_\_\_\_\_ accurately reflects the documentation I made when I assessed, diagnosed, treated, and/or communicated about the above named patient. I also attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.