

**PUBLIC HEALTH CONTRACTOR CERTIFICATION STATEMENT**  
**REGARDING TERMS AND CONDITIONS**

Please print out this page, complete the certification statement below to include the contract number, and return one copy of the signed page to the address at the bottom of this page.

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I certify that I have read and understand the following checked contracting requirements on the Public Health website (<http://www.kingcounty.gov/health/contracts>), and I agree to comply with all of the contract terms and conditions detailed on that site.

- EEO/Non-Discrimination
- Health Insurance Portability and Accountability Act (HIPAA)
- Insurance Requirements
- Credentials Requirement

Contract #: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Return this completed page to:

Contracts Section  
Public Health – Seattle & King County  
401 Fifth Avenue, Suite 1300  
Seattle, WA 98104