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.

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