**New Jersey Department of health**

**Corrective Action Attestation Form**

**pursuant to N.J.S.A. 45:9-42.47**

**Section I. Instructions & Background Information**

This Corrective Action Attestation Form (Form) is intended for use by **[name of clinical laboratory]** to report compliance status with N.J.S.A. 45:9-42.47, which will become effective on January 18, 2023. Please ensure that you have fully read the Form prior to signing the attestation at the bottom and return the Form to the New Jersey Department of Health (Department), Clinical Laboratory Improvement Services (CLIS) via email at CLIS@doh.nj.gov or via U.S. Mail at either of the following address:

Regular Mail

New Jersey Department of Health

Clinical Laboratory Improvement Services

Attn: Clinical Laboratory Licensing

P.O. Box 361, Trenton, NJ 08625-0361

Overnight Delivery:

New Jersey Department of Health

Clinical Laboratory Improvement Services

Attn: Clinical Laboratory Licensing

3 Schwarzkopf Drive, Ewing, NJ 08628

**SECTION II. Compliance Statement**

By submitting this Form to the Department, **[ name of clinical laboratory]** confirms (please review and check all that apply):

[**name of clinical laboratory]** **is not currently** in compliance with N.J.S.A. 45:9-42.47, and **does not** expect to be able to achieve compliance by January 18, 2023.

[**name of clinical laboratory**] has a corrective action plan with specific steps that will ensure full compliance with all components of N.J.S.A. 45:9-42.47, no later than May 18, 2023 (which is120 days following the effective date of January 18, 2023).

**SECTION III. Corrective Action**

To achieve compliance by May 18, 2023, **[name of clinical laboratory]** has identified specific steps and actions, which it has already begun or will begin soon, which include the following (please provide additional details as requested):

Taken(or plans to take) all of the following specific steps and implemented (or will implement) necessary safeguards to ensure that the technology/system is configured in a manner that prevents an authorized user from saving or storing a patient’s demographic information into the electronic medical records management technology/system, unless a selection for patient’s racial, ethnic, sexual orientation, and gender identity information is recorded.

Specific steps include the following (please describe each step separately and in detail and note whether the step is completed, ongoing, or not initiated yet):

Click or tap here to enter text.

**SECTION IV:** **Acknowledgement of Legal Obligations & Penalties**

By checking this box and submitting this Form to the Department, **[name of clinical laboratory]** confirms that it understands its legal obligations pursuant to the requirements outlined in N.J.S.A. 45:9-42.47, as well as the associated corrective action that may be taken and civil penalties imposed by the Department.

**SECTION V: Vendor Information**

Relative to the electronic medical record technology/system requirements in N.J.S.A. 45:9-42.47, **[name of clinical laboratory]** (select the one that applies):

Manages and oversees an in-house electronic medical records technology/system, and does not utilize a third-party vendor. Corrective action will be taken by **[name of clinical laboratory]** as described in Section III above.

Contracts with a third-party vendor for use of an electronic medical record technology/system. Corrective action will be taken by **[name of clinical laboratory]** as described in Section III above, in partnership with its contracted vendor. The contracted vendor’s contact information is as follows:

* Vendor Name: Click or tap here to enter text.
* Vendor Address:Click or tap here to enter text.
* Vendor Website:Click or tap here to enter text.
* Primary Point of Contact (POC) Name:Click or tap here to enter text.
* Primary POC Email Address:Click or tap here to enter text.
* Primary POC Phone Number:Click or tap here to enter text.

**SECTION VI: Attestation & Signature:**

By signing this Form, **[name of clinical laboratory]** attests that it will be in compliance with N.J.S.A. 45:9-42.47 by May 18, 2023 as outlined in Section III above. **[name of clinical laboratory]** agrees to provide the Department with regular updates on progress towards compliance, and understands that the Department is committed to actively working with your clinical laboratory to monitor progress with respect to this Form.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Chief Executive Officer (CEO) or Designee | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of CEO or Designee | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title of CEO or Designee | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number |