STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

CHANGE IN DESIGNATION OF CONTACT OF RECORD FOR PURPOSES OF MANDATORY REPORTING

Check the appropriate facility/provider type (choose only one (1) per designation form):

☐ **ASC** ☐ **Home Health** ☐ **Hospice** ☐ **Hospital** ☐ **Nursing Home** ☐ **SCALF**

SHPDA Facility ID No.: _____

Facility/Provider Name: _____

"A health care reporter required to file a Mandatory Report shall maintain a current listing with the Agency of the name, title, phone number and e-mail address of at least two individuals designated as the contact of record for purposes of all reports filed with the Agency and shall designate at least one such contact person as the primary contact in each report that is filed. The failure to maintain a current contact listing shall not constitute grounds for the waiver of any penalties imposed under this rule." Ala. Admin. r 410-1-3-.11(3)(7)

Information on behalf of the following contact(s) should be updated to reflect the following designation(s). Only updated information is to be provided.

☐ **Primary** ☐ **Secondary** ☐ **Optional** ☐ **POS**

Primary Contact: (required)
Name _____
Title _____
Phone Number _____
Email Address _____

Secondary Contact: (required)
Name _____
Title _____
Phone Number _____
Email Address _____

Additional Contact: (optional)
Name _____
Title _____

POS Contact: (hospitals only – required)
Phone Number _____
Email Address _____

_____ **Name of Individual Completing Designations**

_____ **Electronic Signature**

_____ **Date**

_____ **Telephone Number**

_____ **Email Address**

SAVE PRINT SUBMIT