



mercy care

**RBHA – RBHA IHH/BHH Psychiatric Rehabilitation Reporting Attestation**

Submit Attestation and Reports by the 5th of the month to the SFTP:

**ASOC\_PsychRehabAtt\_YYYYMM\_Pro**

I, <First Name and Last Name> certify that to the best of my knowledge, information and belief, that the information contained in the *attached RBHA Psychiatric Rehabilitation Report: ASOC\_PsychRehab\_YYYYMM\_Pro* concerning the functional area for which I am accountable, is accurate, complete and truthful.

**Reporting Month:** <Enter Reporting Month>

**Reporting Year:** <Enter Reporting Year>

First Name and Last Name, Title, Department

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Name and Title of Person Completing Report

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Signature of Department Owner

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Click or tap to enter a date.

Date Signed