

Community Health Navigation Policy and Procedure Attestation Form

By signing this attestation form, you confirm that you have read and reviewed the policies and procedures listed below which is required on an ongoing basis as part of your membership on the Bassett Community Health Navigation.

Please sign and return this form to the Quality Analyst via email at Bridget.Lamp@bassett.org.

Agency Name: Bassett Home Health Navigation

Policy Name	Policy Number	Date Completed	Initials

Signature

Date

Print Name

Title

Supervisor Signature

Print Name