

## Meaningful Use Attestation Documentation

Practice Name

Period for Attestation

### Objective sign-offs

Once the Physician, Office Manager, and Hospital Accountable Executive were confident the physician had met the requirements for Meaningful Use, they signed below or submitted a written (i.e. e-mail) confirmation.

| Objective                              | Physician     | Office Manager |
|--|---------------|----------------|
| Hospital Attestation - Core Objectives |               |                |
| 1. CPOE for Medication Orders          | _____<br>Date | _____<br>Date  |
| 2. Drug Interaction Checks             | _____<br>Date | _____<br>Date  |
| 4. ePrescribing                        | _____<br>Date | _____<br>Date  |
| 5. Maintain Problem List               | _____<br>Date | _____<br>Date  |
| 6. Active Medication List              | _____<br>Date | _____<br>Date  |
| 7. Medication Allergy List             | _____<br>Date | _____<br>Date  |
| 8. Record Demographics                 | _____<br>Date | _____<br>Date  |

9. Record Vital Signs

\_\_\_\_\_ Date

\_\_\_\_\_ Date

**Meaningful Use Attestation Documentation**

**Practice Name**

**Period for Attestation**

**Objective sign-offs (continued)**

| Objective                                       | Objective Owner | Office Manager |
|---|-----------------|----------------|
| Hospital Attestation - Core Objectives          |                 |                |
| 10. Record Smoking Status                       | _____<br>Date   | _____<br>Date  |
| 11. Clinical Quality Measures (CQMs)            | _____<br>Date   | _____<br>Date  |
| 12. Clinical Decision Support Rule              | _____<br>Date   | _____<br>Date  |
| 13. Electronic Copy of Health Information       | _____<br>Date   | _____<br>Date  |
| 14. Clinical Summary for each Office Visit      | _____<br>Date   | _____<br>Date  |
| 15. Electronic Exchange of Clinical Information | _____<br>Date   | _____<br>Date  |
| 15. Protect Electronic Health Information       | _____<br>Date   | _____<br>Date  |

**Meaningful Use Attestation Documentation**

**Practice Name**

**Period for Attestation**

**Objective sign-offs (continued)**

| Objective                                  | Objective Owner | Office Manager |
|--|-----------------|----------------|
| Hospital Attestation - Menu Set Objectives |                 |                |
| 1. Drug Formulary Checks                   | _____<br>Date   | _____<br>Date  |
| 2. Advance Directives                      | _____<br>Date   | _____<br>Date  |
| 3. Clinical Lab Test Results               | _____<br>Date   | _____<br>Date  |
| 4. Patient Lists                           | _____<br>Date   | _____<br>Date  |
| 8. Immunization Registries Data Submission | _____<br>Date   | _____<br>Date  |

**Hospital Accountable Executives**

| Hospital Attestation - All Objectives                       |   |
|---|---|
| All core objectives and menu objectives # 1, 2, 3, 4, and 8 | _____<br>[Hospital Acct Exec Name Here]      Date |