



Quality
Insights
Renal Network 5

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Patient ENGAGEMENT 2020 Webinar Attestation

By signing this form, you attest to having viewed the 2020 Patient ENGAGEMENT program PowerPoint slides with your facility QIA team and are prepared to set goals toward increased partnership with patients in your quality improvement efforts.

Signature of QIA Lead

Date

Print Name Clearly

Dialysis Facility Name: _____

Medicare Provider #: _____

Please return this form to:

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