

## SUBJECT STATEMENT AND DISPUTE

To add, modify, or remove a statement to the report referenced below, and/or to place the report in, or withdraw the report from, disputed status, complete the appropriate section(s) below and click **Submit to the Data Bank**. You will receive an online confirmation message regarding this transaction. The reporting entity and any queriers who received a previous version of the report will receive a copy noting the modifications.

**Report Type:** STATE LICENSURE ACTION  
**Report Number:**  
**Subject's Name:** \_\_\_\_\_  
**Report Maintained Under:**  Title IV  
 Section 1921  
 Section 1128E

### SUBJECT STATEMENT

As the subject of the referenced report, you have the right to include a statement expressing your view of the action described in the report. The statement becomes part of the report and is disclosed to authorized queriers. To add a statement, type the statement in the designated area below exactly as you wish it to appear in the report. To substitute an existing statement with a new one, modify the statement in the designated area below exactly as you wish it to appear in the report. (If you have a statement on file, it will appear below.) Your statement must be in English and may not exceed **4,000 characters**, including spaces and punctuation. If you add a statement to the report, it will be formatted in a block style; paragraph breaks cannot be included.

**Note: Patient information is confidential. Do NOT include identifying information (names, addresses, etc.) about patients or other persons in your statement. All Subject Statements are reviewed by the Data Bank to determine whether they include individual names, addresses, or telephone numbers. If this information is discovered, it will be removed and you will be sent an amended version.**

### Public Burden Statement

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0126 (expiration date 05/31/16). Public reporting burden for this collection of information is estimated to average 45 minutes to complete this form, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, MD, 20857.

### Subject Statement

There are **4000** characters remaining for the statement.

Spell Check

## DISPUTE

You may dispute either the factual accuracy of the action described in the referenced report or whether the report was submitted in accordance with Data Bank reporting requirements (e.g., records a reportable event). You may NOT dispute the appropriateness of any action, finding, judgment, or information regarding the facts or circumstances that led to the reported action. You also must contact the reporting entity or its agent, identified in Section A of the report, to attempt to resolve disputed issues. (Do not contact the reporting entity for information about Data Bank reporting requirements or operational procedures.) The report will remain in disputed status until either you take action to elevate the report for Dispute Resolution or you withdraw the report from disputed status.

Information in Data Bank reports can be changed only by the entity that submitted the report or by the Secretary of the U.S. Department of Health and Human Services following review. The report will remain in the Data Bank unchanged until the reporting entity or the Secretary changes it.

### Dispute Options

**The referenced report is currently NOT in disputed status.**

Check here if you wish to place the referenced report in disputed status. If you wish to add a statement to the report only and do not wish to place the report in disputed status, then do not check the box.

## CURRENT ADDRESSES

Your profile with the Data Bank will be updated to reflect the addresses below. However, you should be aware that this does not change your mailing address as reflected in the report filed with the Data Bank.

### Email Addresses

The email address you provide will be used only to provide you with notifications that new activity has occurred concerning this report.

Email Address:

Confirm Email Address:

[Add another](#)

### Home Address/Address of Record

Street Address:

Address Line 2:

City:

State:

ZIP Code:  -

Country (if U.S., leave blank):

### Home Address/Address of Record

Street Address: 5600 Fishers Lane  
Address Line 2:  
City: Rockville  
State: MD Maryland  
ZIP Code: 20857 -  ✓  
Country (if U.S., leave blank):

### Work Address

Street Address: 5600 Fishers Lane  
Address Line 2:  
City: Rockville  
State: MD Maryland  
ZIP Code: 20857 -  ✓  
Country (if U.S., leave blank):

### Certification Data

I certify that I am the individual subject or the subject's duly appointed attorney for such matters identified in Section B of the referenced report, or that I am the designated employee representing the organization subject referenced in Section B, and I request that the action(s) above be taken.

Authorized Submitter's Name: Jon Mann  
Authorized Submitter's Title: Titles  
Authorized Submitter's Phone: 3013013011| Ext.   
Date: 12/08/2014

[Submit to Data Bank](#)

[Return to Report Response Options](#)