

# PUBLIC REPORTING OPT-IN REQUEST FORM



## CONTACT INFORMATION

**Contact Name:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**NOTE:** For scores to be visible, at least 30 patients are required in a measure denominator, and clinics must have been included in at least one round of Q Corp reports.

By signing this form, the applicant agrees that all of the above information is a correct reflection of the clinic and that the applicant is authorized to make this request on behalf of the medical group or clinic.

\_\_\_\_\_  
**Applicant Signature, Title**

\_\_\_\_\_  
**Date**