Georgia Department of Behavioral Health & Developmental Disabilities
Frank W. Berry, Commissioner

DBHDD

Behavioral Health Licensing Unit
Two Peachtree Street NW, Suite 23.277, Atlanta, GA 30303-3142 Telephone: 404-657-1652 Fax: 770-359-4655

June 19, 2013

Dear Healthcare Provider:

RE: FY 2014 Attestation Statement for Continuing Designation as an Emergency Receiving Evaluation Treatment (ERET) Facility

Please confirm your designation as an ERET facility by completing and signing the enclosed FY 2014 Attestation Statement. You may also refer to our website: **http://dbhdd.org/bhlu/** where you will find an electronic copy of the Attestation Statement should you wish to complete the form electronically. Please return the completed and signed Attestation Statement via U.S. Mail by June 26, 2013 to:

DBHDD Behavioral Health Licensing Unit
2 Peachtree Street NW
Suite 23-277
Atlanta, Georgia 30303-3142

Thank you for your cooperation and for the services you render to the individuals we serve.

Sincerely,

Wendy White Tiegreen, Director
Behavioral Health Licensing Unit

Enclosure

C: File