

# Healthcare Policy Governance Attestation

**Date:** [Insert Date]

**To:** [Recipient's Name]

**Title:** [Recipient's Title]

**Organization:** [Recipient's Organization]

**Address:** [Recipient's Address]

Dear [Recipient's Name],

I, [Your Name], in my capacity as [Your Title] of [Your Organization], hereby attest that the healthcare policy governance practices at our organization have been reviewed and are in compliance with applicable regulations and standards.

Furthermore, I confirm that our organization has established effective governance structures, policies, and procedures to oversee healthcare practices and ensure delivery of high-quality care.

Our commitment to maintaining compliance and governance excellence is reflected in our continuous improvement efforts and regular assessments of our policies.

If you have any questions or require further details, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]