

Note: Form MUST be copied onto hospital letterhead



## REQUEST A SURVEY SECURITY CODE AND/OR DELEGATE AUTHORIZATION

### 2018 LEAPFROG HOSPITAL SURVEY

The hospital CEO must complete and sign this form to request a security code and/or delegate authorization to submit a Leapfrog Hospital survey. If delegating authorization, a copy of the security code will also be emailed to the CEO.

**Instructions:** Print this form onto hospital letterhead. Once completed and signed, scan and email the form as an attachment to: [helpdesk@leapfroggroup.org](mailto:helpdesk@leapfroggroup.org).

**Only Check One Box:**

- CEO Request for a Security Code:** I am the CEO and I authorize The Leapfrog Group to send me the confidential security code via email now and in the future. I do not wish to delegate my authority to complete the survey.
  
- CEO Request for a Security Code and Delegate Authorization:** I am the CEO and I authorize The Leapfrog Group to send the confidential security code to the contact listed below via email, and by doing so I delegate responsibility to this individual to submit a Leapfrog Hospital Survey for this hospital on my behalf.

**Signature of CEO:** \_\_\_\_\_

**Date Authorized:** \_\_\_\_\_

Hospital Information (All fields are required)	
Hospital Name	
Street Address	
City, State, Zip Code	
Medicare Provider Number (looks like nn-nnnn)	
CEO Information (All fields are required)	
CEO Name	
CEO Email Address	
Delegate Information (All fields are required <u>if</u> delegating authorization; otherwise leave blank)	
Delegate Name	
Title	
Phone Number	
Email Address	