

# PATIENT SAFETY ORGANIZATION: CHANGE OF LISTING INFORMATION

The Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act) authorizes the creation of Patient Safety Organizations (PSOs). The Agency for Healthcare Research and Quality (AHRQ), of the Department of Health and Human Services (HHS), administers the provisions of the Patient Safety Act and Patient Safety Rule dealing with PSO operations. Information related to PSOs is available on AHRQ's PSO website at [psa.ahrq.gov](http://psa.ahrq.gov).

As required by section 3.102(a)(vi) of the [Patient Safety Rule](#), a PSO must promptly notify the Secretary of HHS during its period of listing if there have been any changes in the accuracy of the information submitted for listing, along with the pertinent changes.

**Instructions:** Please provide the PSO's number and current PSO name; complete only the sections(s) below that apply to the change(s) in listing information that are the subject of this notification; and, have the completed form signed by the PSO's Authorized Official. Please note that certain changes may affect your PSO's attestations in support of the current certification for listing (e.g., if a parent organization is added). The PSO Office will contact you for clarification, if necessary.

Please submit this form to AHRQ's PSO Office via e-mail, at [psa@ahrq.hhs.gov](mailto:psa@ahrq.hhs.gov). To submit a hard copy, please send to: PSO Office, AHRQ, 5600 Fishers Lane, MS 06N100B, Rockville, MD 20857.

CURRENT PSO NUMBER AND NAME	
PSO Number	PSO Name
<b>***Fill out only what has changed and leave the rest blank.***</b>	
<b>Changes to PSO Entity Information</b>	
Name	
Alternate Legal Name (if applicable)	
Website	
Street Address	
Mailing Address	
Phone	Extension (if applicable)
Reason for change(s)	



**Changes to Parent Organization(s) Information**  
*NOTE: If you are reporting a change of parent organization(s) or a change in organizational structure that affects the PSO, please submit to [psa@ahrq.hhs.gov](mailto:psa@ahrq.hhs.gov) a diagram that illustrates the following entities and their organizational relationships: the PSO, the PSO's parent organization(s), and any health insurance issuers. Please indicate whether there are any entities in between the parent and the PSO.*

Name	
Alternate Legal Name (if applicable)	
Website	
Street Address	
Phone	Extension (if applicable)
Reason for change(s)	

**Changes to Authorized Official (AO) Information**

Name	
Title	
Organization (if different from PSO)	
Email	
Phone	Extension (if applicable)
Reason for change(s)	

**Changes to Primary Point of Contact Information**  
*(if Primary Point of Contact is different from the AO)*

Name	
Title	
Organization (if different from PSO)	
Email	
Phone	Extension (if applicable)
Reason for change(s)	

**\*\*\*This form must be signed and dated by the Authorized Official on record with AHRQ.\*\*\***

Name

Signature

Date

**This completed form is considered public information.**

Burden Statement

Public reporting burden for the collection of information is estimated to average 5 minutes per response. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer, Attention: PRA, Paperwork Reduction Project (0935-0143), AHRQ, 5600 Fishers Lane, MS 06N100B, Rockville, MD 20857.