

Application Number: 131053
Facility Name: Planned Parenthood of the North Country, New York, Inc. [REDACTED]
Project Description: Certify [REDACTED] services at the main site and at four (4) extension clinics

Submission Type: Application - Limited Review- Service Delivery
Project Status: Project Complete
Review Level: Limited
Total Project Cost: \$0.00
Project Status Date: 01/02/2014
Received Date: 01/31/2013
Initial Review Date: 02/14/2013
Acknowledgment Date: 02/20/2013

Main Site Information

Facility Name: Planned Parenthood of the North Country, New York, Inc. [REDACTED]
Facility ID: [REDACTED]
Physical Address: [REDACTED]
County: [REDACTED]
Current Operator: Planned Parenthood of the North Country, New York, Inc [REDACTED]
Facility Type: Diagnostic and Treatment Center
Region: Central
Operating Certificate Number: 2201201R
Current Operator County: [REDACTED]

Contact Information

Name: [REDACTED]
Email: [REDACTED]@ppncny.org
Phone: [REDACTED]
Fax: [REDACTED]
Title: Special Projects Manager
Address: [REDACTED]

Alternate Contact Information

Name: [REDACTED]
Other: [REDACTED]
Email: [REDACTED]@ppncny.org

Withdrawn Date: [REDACTED]
SubBatch1: 30
SubBatch2: 0Z
CON Codes List:

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

March 26, 2013

[REDACTED]
Special Projects Manager
Planned Parenthood of the North Country,
New York, Inc. - [REDACTED]
[REDACTED]

Re: 131053 - L
Planned Parenthood of the North
Country, New York, Inc. - [REDACTED]
([REDACTED] County)
Certify [REDACTED] services at the main site
and at four (4) extension clinics

Dear [REDACTED]:

We are pleased to inform you that the above referenced limited review application (LRA) has been reviewed and found acceptable by the New York State Department of Health (NYS DOH) in accordance with the limited review provisions set forth in 10 NYCRR section 710.1(c).

The Department approves this application with the enclosed conditions. You are expected to comply with any conditions throughout the operation of this project including addressing all drawing review submission requirements indicated by the Bureau of Architectural and Engineering Facility Planning.

In accordance with 10NYCRR 710.9, upon completion of the project an onsite inspection may be conducted by the Department to assure that all aspects of the project are in accordance with the governing codes and regulations. In order to ensure reimbursement and/or receive a revised operating certificate, you must contact the Regional Office. If appropriate, the Regional Office will schedule an on-site visit. To ensure that a pre-opening inspection is conducted in a timely manner, please contact the following Regional Office and provide them with a copy of this letter.

Central New York Regional Office
New York State Department of Health
217 South Salina Street
Syracuse, New York 13202
(315) 477-8485

You are responsible for ensuring that this project complies with all applicable statutes, codes, rules and regulations. Should violations be found when reviewing documents, or at the time of on-site inspections or surveys, you will be required to correct them. Additional costs incurred to address any violations will not be eligible for reimbursement without the prior approval of the Department. Also, in accordance with 710.5, any change in the scope of this project requires prior approval from the Department and may require a new or amended application.

If you have additional questions or need further assistance, please contact the Bureau of Project Management at (518) 402-0911, New York State Department of Health, Division of Health Facility Planning, Corning Tower, Room 1842, Empire State Plaza, Albany, New York 12237.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen W.", with a long horizontal flourish extending to the right.

Karen Westervelt
Deputy Commissioner
Office of Primary Care and Health
Systems Management

Enclosure

CONDITIONS:

1. For outpatient surgical procedures, only local anesthetics and/or minimal sedation/anxiolysis (as defined by the American Society of Anesthesiologists) are permitted.

BEDS AND/OR SERVICES APPROVED

Site	PFI	Approved Services
[REDACTED]	[REDACTED]	Primary Medical Care, Outpatient [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED] Primary Medical Care, Outpatient
[REDACTED]	[REDACTED]	[REDACTED] Primary Medical Care, Outpatient
[REDACTED]	[REDACTED]	[REDACTED] Primary Medical Care, Outpatient
[REDACTED]	[REDACTED]	[REDACTED] Primary Medical Care, Outpatient
9 Miner Street, Canton 13617	2793	[REDACTED] Primary Medical Care, Outpatient
[REDACTED]	[REDACTED]	[REDACTED] Primary Medical Care, Outpatient

NYSE-CON All Sites Information

Submission Number: 131053
Facility Name: Planned Parenthood of the North Country, New York, Inc. - [REDACTED]
Project Description: Certify [REDACTED] services at the main site and at four (4) extension clinics

Site Information

Site Name: Planned Parenthood of the North
Country, New York, Inc. - [REDACTED]
Physical Address: [REDACTED]
County: [REDACTED]

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

February 20, 2013

[REDACTED]
Special Projects Manager
Planned Parenthood of the North Country,
New York, Inc. - [REDACTED]
[REDACTED]

Re: 131053 L
Planned Parenthood of the
North Country, New York, Inc. -
[REDACTED]
([REDACTED] County)
Certify [REDACTED] services at the main site
and at four (4) extension clinics

Dear [REDACTED]

The above referenced limited review application (LRA), for which you have been designated the contact person, has been received by the Bureau of Project Management (BPM) for processing in accordance with 10 NYCRR 710.1(c)(5)-(7).

The BPM acknowledges receipt of the application and requisite fee, and has forwarded the LRA to the necessary reviewing units for continued processing. Any questions for clarification or additional information regarding this application will come directly from the reviewing unit(s).

The review and approval of your project, as required by the Public Health Law, must be obtained from the Director of the Division of Health Facility Planning prior to implementing this project.

If you have any questions regarding this project, please do not hesitate to contact me or my staff at (518) 402-0911.

Sincerely,



Keith J. McCarthy
Acting Director
Bureau of Project Management

KJM/MRC/nm

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 7

Proposed Operating Budget

Budget	Current Year 2012	First Year (Projected) 2013	Third Year (Projected) 2014
Revenues			
Service Revenue	251,239.49	299,750.00	\$314,737.00
Grants Funds			
Foundation			
Other			
Fees			
Other Income			
(1) Total Revenues	\$251,239.49	\$299,750.00	\$314,737.00
Expenses			
Salaries and Wage Expense	20,559.47	16,790	\$17,630.00
Employee Benefits	2,198.23	2,044	\$2,146.00
Professional Fees	27,849.64	25,672	\$26,956.00
Medical & Surgical Supplies	46,089.62	37,741	\$39,628.00
Non-Medical Equipment	353.20	348	\$365.00
Purchased Services	607.00	4,054	\$4,257.00
Other Direct Expense	18,331.26	16,387	\$17,206.00
Utilities Expense	945.35	968	\$1,016.00
Interest Expense	0	0	\$0.00
Rent Expense	1,578.72	1,797	\$1,887.00
Depreciation Expense	10,628.01	10,340	10,857.00
Other Expenses Space Costs	5,578.95	6,985	7,334.00
(2) Total Expense	\$140,177.45	\$123,126	\$129,282.00
Net Total - (1-2)	\$111,060.04	\$176,624	\$185,455.00

Other Direct Expenses: Travel, training, bad debt, liability

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 10

Impact of Limited Review Application on Operating Certificate (services specific to the site)

Instructions:
“Current” Column: Mark "x" in the box only if the service currently appears on the operating certificate (OpCert) not including requested changes
“Add” Column: Mark "x" in the box this CON application seeks to add.
“Remove” Column: Mark "x" in the box this CON application seeks to decertify.
“Proposed” Column: Mark "x" in the box corresponding to all the services that will ultimately appear on the OpCert.

Category/Authorized Service	Code	Current	Add	Remove	Proposed
██████████ Clinic OP Certificate currently has Code 201		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
██████████ Op Certificate needs Code 201		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
██████████ Clinic Op Certificate needs Code 201		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canton Clinic Op Certificate needs Code 201		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
██████████ Clinic Op Certificate needs Code 201		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
██████████ Clinic Op Certificate needs Code 201		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the applicant have any previously submitted Certificate of Need (CON) applications that have not been completed involving addition or decertification of beds?

No

Yes (Enter CON numbers to the right)

(Rev. 7/7/2010)

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

LRA Cover Sheet

Project to be Proposed/Applicant Information

This application is for those projects subject to a limited review pursuant to 10 NYCRR 710.1(c)(5)-(7). Please check the appropriate box(es) reflective of the project being proposed by your facility (**NOTE** – Some projects may involve requisite “Construction”. If so, and **total** project costs are below designated thresholds, then **both boxes** must be checked and necessary LRA Schedules submitted). Please read the LRA Instructions to ensure submission of an appropriate and complete application:

- Minor Construction** – Minor construction project with total project costs of up to \$6,000,000 (or up to \$15,000,000, if not relating to clinical space – check “Non-Clinical” box below).
Necessary LRA Schedules: Cover Sheet, 1, 2, 3, 4, 5, and 6.
- Equipment** – Project related to the acquisition, relocation, installation or modification of certain medical equipment, with total project costs of up to \$6,000,000. (**NOT** necessary for “1-for-1” replacement of existing equipment without construction, pursuant to 10 NYCRR 710.1(c)(4)(iii). Rather, provide notice to the Cost Control Unit, Division of Health Facility Planning.)
Necessary LRA Schedules: Cover Sheet, 1, 2, 3, 4, and 5.
- Service Delivery** – Project to decertify a facility's beds/services; add services which involve a total project cost under \$6,000,000; or convert beds within approved categories. (If construction associated, also check “Construction” above.)
Necessary LRA Schedules: Cover Sheet, 1, 7, 8, 10, and 12. *If proposing to decertify beds within a nursing home, provide a description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms).
- Non-Clinical** – Project of up to \$15,000,000, which does **NOT** relate to a change in clinical service or equipment. (If construction associated, also check “Construction” above.)
Necessary LRA Schedules: Cover Sheet, 1, 2, 3, and 12.
- Health Information Technology** – Project to purchase and implement health information technology or other information systems, with a total project cost between \$6,000,000 and \$15,000,000.
Necessary LRA Schedules: Cover Sheet, 1, 2, 3, 9, and 12. Also include Vendor Contract language (Appendix D).
- Cardiac Services** – Project by an appropriately certified facility to add electrophysiology (EP) services; or add, upgrade or replace a cardiac catheterization laboratory or equipment. (If construction associated, also check “Construction” above.)
Necessary LRA Schedules: Cover Sheet, 1, 7, 8, 10, and 12.
- Relocation of Extension Clinic** – Project to relocate an extension clinic within the same service area.
Necessary LRA Schedules: Cover Sheet, 1, 2, 3, 4, and 5. Also include a Closure Plan for vacating extension clinic.
- Part-Time Clinic** – Project to operate, change services offered, change hours of operation or relocate a part-time clinic site – for applicants already certified for “part-time clinic”. (If construction associated, also check “Construction” above.)
Necessary LRA Schedules: Cover Sheet, 1, 8, 10, 11, and 12.

OPERATING CERTIFICATE NO. 2201201	CERTIFIED OPERATOR Planned Parenthood of the North Country, New York, Inc.	TYPE OF FACILITY DTAC
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OPERATOR ADDRESS – STREET & NUMBER [REDACTED]		PFI [REDACTED]	NAME AND TITLE OF CONTACT PERSON [REDACTED], Special Projects Manager		
CITY [REDACTED]	COUNTY [REDACTED]	ZIP [REDACTED]	STREET AND NUMBER [REDACTED]		
PROJECT SITE ADDRESS – STREET & NUMBER [REDACTED]		PFI [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]
CITY [REDACTED]	COUNTY [REDACTED]	ZIP [REDACTED]	TELEPHONE NUMBER [REDACTED]	FAX NUMBER [REDACTED] 7	
TOTAL PROJECT COST: \$ 140,177.45			CONTACT E-MAIL: [REDACTED]@ppncny.org		

(Rev. 7/7/2010)

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 1

Project Narrative

Instructions:

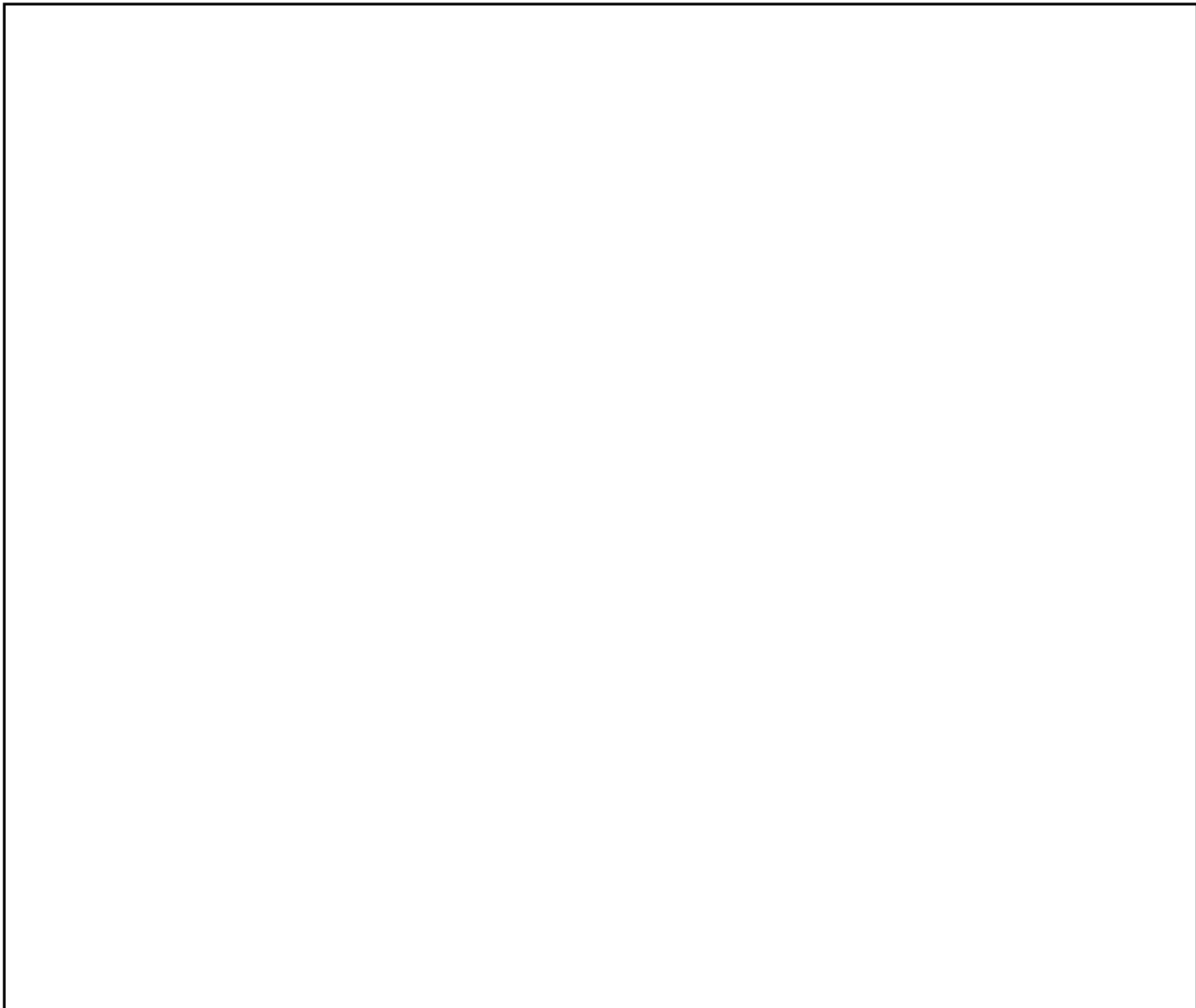
The purpose of the Project Narrative is to give the reviewer a conceptual understanding of the proposal. The Narrative should summarize the key elements of the proposed project. Details will be contained in the appropriate schedules of the application.

Planned Parenthood of the North Country New York (PPNCNY) consists of 7 family planning clinics across northern New York. The clinics are located in ██████████, Canton, ██████████, ██████████ and ██████████. PPNCNY was created by the merger of two former Planned Parenthood affiliates. The merger took place in January 2010. PPNCNY is one of the only providers of ██████████ services in the North Country and serves a predominantly rural community with limited access to reproductive health services.

During the merger process, when PPNCNY applied for Operating Certificates for each of its clinics in the new affiliate, PPNCNY was advised by the Department of Health that only the ██████████ clinic, where both surgical and ██████████ services were, and are still, provided would need to apply for both family planning and ██████████ services. In addition, PPNCNY was advised that the 2009 operating certificate under ██████████ Planned Parenthood would continue to cover ██████████ and ██████████ for ██████████ services. Several other clinic sites were, and are currently, providing medical ██████████ services. Because they were not providing ██████████ services, PPNCNY assumed that the operating certificates for those sites have remained in compliance with the Department of Health's requirements.

PPNCNY currently employs 2 Physician Assistants and an Associate Medical Director who, under the supervision of our Medical Director, provides ██████████ service at 5 of the 7 clinics located in the affiliate. Of these 5 clinics, only ██████████ Operating Certificate contains ██████████ O/P with no reference made to coverage under this certificate for other centers, including ██████████ and ██████████, as was the case with the Plattsburg OP certificate in 2009 registered under the ██████████ Planned Parenthood prior to the merger in 2010.

We were recently advised by Mary Ellen Holgate, from the NYS Department of Health, that all clinical sites which currently provide ██████████ services (██████████, ██████████ and Canton), but not ██████████ need to have this added to their Operating Certificates. We are, therefore, submitting the appropriate Limited Review Application Certificate of Need (per our phone conversation on 1/23/13) for ██████████ Canton and ██████████. We are also requesting a fifth certificate for the ██████████ Health Center be granted to add ██████████ Services to their Operating Certificate as we plan to offer medication ██████████ services in late 2013.



AUTHORIZING SIGNATURE

The undersigned Chief Executive Officer hereby certifies under penalty of perjury that he is duly authorized to subscribe and submit this application and that the information contained herein and attached hereto is accurate, true and complete in all material aspects.

SIGNATURE

DATE

(Rev. 7/7/2010)

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 8

Staffing

Staffing Categories	Number of FTEs to the Nearest Tenth		
	Current Year* 2012	First Year of implementation 2013	Third Year of implementation 2014
Health Providers**:			
Physician Assistant (parttime)	0.2	0.2	0.3
Physician Assistant (parttime)	0.2	0.2	0.3
MD (3 MD's)	0.2	0.2	0.3
Support Staff***:			
Clinic Receptionist	0.2	0.2	0.3
Clinic Assistant	0.2	0.2	0.3
LPN	0.2	0.2	0.3
RN	0.2	0.2	0.3
Total Number of Employees			

* Last complete year prior to submitting application

** "Health Providers" includes all providers serving patients at the site. A Health Provider is any staff who can provide a billable service – physician, dentist, dental hygienist, podiatrist, physician assistant, physical therapist, etc.

*** All other staff.

Describe how the number and mix of staff were determined:

Number of hours worked to provide service

PLEASE COMPLETE THE FOLLOWING:

1. Are staff paid and on payroll? Yes No
2. Provide copies of contracts for any independent contractor.
3. Please attach the Medical Doctors C.V.
4. Is this facility affiliated with any other facilities?
(If yes, please describe affiliation and/or a agreement.) Yes No

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 10

Impact of Limited Review Application on Operating Certificate (services specific to the site)

Instructions:

“Current” Column: Mark "x" in the box only if the service currently appears on the operating certificate (OpCert) not including requested changes

“Add” Column: Mark "x" in the box this CON application seeks to add.

“Remove” Column: Mark "x" in the box this CON application seeks to decertify.

“Proposed” Column: Mark "x" in the box corresponding to all the services that will ultimately appear on the OpCert.

Category/Authorized Service	Code	Current	Add	Remove	Proposed
Planned Parenthood of the North Country NY clinical sites:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
██████████ Clinic	201	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
██████████ Clinic	201	<input type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
██████████ Lake Clinic	201	<input type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canton Clinic	201	<input type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
██████████ Clinic	201	<input type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
██████████ Clinic	201	<input type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the applicant have any previously submitted Certificate of Need (CON) applications that have not been completed involving addition or decertification of beds?

X No

Yes (Enter CON numbers to the right)

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 12

Assurances

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

- a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of the facility.
- b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (Title 10).
- c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.
- d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.
- e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to insure that the completed work conforms to the approved plans and specifications.
- f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
- g) The facility will be operated and maintained in accordance with the standards prescribed by law.
- h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.
- i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

1/30/13

Date



Signature



Name (Please Type)

CEO/President

Title (Please Type)

Facility Id.
Certificate No.

2793
2201201R

State of New York
Department of Health
Office of Health Systems Management
OPERATING CERTIFICATE



Effective Date: 03/26/2013
Expiration Date: NONE

Diagnostic and Treatment Center Extension Clinic

Planned Parenthood of the North Country, New York, Inc. - Canton
9 Miner Street
Canton, New York 13617

Operator: Planned Parenthood of the North Country, New York, Inc
Operator Class: Voluntary Not for Profit Corporation

Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law to operate an Extension
Clinic at the above site for the service(s) specified.

█ O/P

Family Planning O/P

Outpatient Surgery

Primary Medical Care O/P

20140109

Deputy Commissioner
Office of Health Systems Management

This certificate must be conspicuously displayed on the premises.

Commissioner

Facility Id.
Certificate No.

3565
2201201R

State of New York
Department of Health
Office of Primary Care and Health Systems Management



OPERATING CERTIFICATE
Diagnostic and Treatment Center

Effective Date: 02/01/2016
Expiration Date: NONE

Planned Parenthood of the North Country, New York, Inc. - [REDACTED]

Operator: Planned Parenthood of the North Country, New York, Inc
Operator Class: Voluntary Not for Profit Corporation

Has been granted this Operating Certificate pursuant to Article 28

of the Public Health Law for the service(s) specified:
Medical Services - Primary Care

[REDACTED] O/P

Clinic Part Time Services

Other Authorized Locations

Diagnostic and Treatment Center Extension Clinic

Planned Parenthood of the North Country,
New York, Inc. - Canton
9 Miner Street
Canton, New York 13617

[REDACTED]

Keith W. Lewis

20170919 Deputy Director Office of Primary Care and
Health Systems Management

Howard Zucker M.D.

Commissioner

This certificate must be conspicuously displayed on the premises.