

SUBJECT: CORPORATE COMPLIANCE PROGRAM - continued

**EMPLOYEE/INDEPENDENT CONTRACTOR CORPORATE COMPLIANCE PROGRAM AND
CODE OF ETHICS ACKNOWLEDGEMENT**

I hereby acknowledge and affirm that I have read and reviewed the Agency Corporate Compliance Program and Code of Ethics. I understand the provisions of both the Compliance Program and the Code of Ethics and was allowed to ask any questions I might have regarding their requirements.

I understand that it is a condition of my employment/contract to comply with the requirements of the Compliance Program and the Code of Ethics. I also realize that I am required to report violations of the programs Code of Ethics/compliance Plan, when any person informs me of a possible violation or I witness a violation myself. I also understand I will not be punished for reporting in good faith misconduct of any magnitude or which involves any level of the Agencies staff/contractors. I have been informed that I will be disciplined for failing to report such violations. I am familiar with the reporting mechanisms, and that I may make an anonymous report to the Corporate Office: **1-866-475-8119**

I certify that I have not been excluded from participation as a provider in any federal, state or private health care program due to any offense involving financial misconduct or fraudulent activity generated from the Medicare and Medicaid funds programs. I have not been criminally convicted of any crime regarding the federal or state health care programs or private health care plans or any offense involving financial misconduct (such as fraud, embezzlement or bribery). I agree to assist the Agency and/or compliance staff investigating my previous involvement in any health care reimbursement program or criminal act.

Employee/Contractor Signature

Date

Printed Name

Witness