

ACKNOWLEDGMENT OF RECEIPT
OF COMPLIANCE POLICY

I, _____(please type or print your name), do hereby acknowledge and confirm that:

1. I have received a copy of the Compliance Policy.
2. I have read the standards and hereby agree that, while I am an employee, agent contractor or consultant of the Health Center, I agree to report any suspected or existing violations of these Standards to the Corporate Compliance Officer, _____

3. I also hereby agree to conduct myself in accordance with these Standards.

Signature Date

Please print or type the following:

Name: _____

Company: _____

Title: _____