

## 2016-17 Code of Conduct Module 5 – Attestation

I certify that I have completed the 2016 Sharp HealthCare Compliance education that includes Sharp HealthCare's Code of Conduct, Fraud & Abuse, Information Security, Compliance and Privacy.

I have received and read the Sharp HealthCare Code of Conduct and I understand its purpose and how it applies to me. I agree to comply with the Sharp HealthCare Code of Conduct.

I agree to adhere to and comply with the following requirements as a condition of my employment and I understand it is a component of my annual performance review. Sharp HealthCare will take disciplinary action, up to and including termination for violations of:

- The Code of Conduct
- Sharp HealthCare's Policies and Procedures
- Applicable laws and regulations
- Terms and guidelines of government health care payers and programs

I recognize that I have an obligation to report all known or suspected violations of the items listed above.

I recognize that Sharp HealthCare prohibits retaliation against any individual who makes a good-faith report of a compliance issue.

I understand I have a responsibility to discuss the importance of the Code of Conduct with anyone under my supervision, as applicable.

I understand that these standards may be amended, modified, or clarified at any time and that I will have access to any updates that may occur.

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_