

Acknowledgment of Receipt of Hospital Compliance Plan

I, _____, am a/an:

☐ Employee ☐ Volunteer ☐ Contractor of the Hospital.

By my signature below, I acknowledge that I have received a copy of the following sections of the Hospital Compliance Program.

- ☒ Compliance Program Summary (*see Section I of the Model Hospital Compliance Program*)
- ☒ Code of Conduct (*see Section II of the Model Hospital Compliance Program*)
- ☒ Compliance Program Systems and Processes (*see Section III of the Model Hospital Compliance Program*) which includes information on how to report a suspected violation of law or hospital policy

Compliance Policies as follows:

- ☒ Required DRA Policies and Procedures (federal and state false claims laws and whistleblower laws)
- ☐ Other: _____
- ☐ Other: _____

I further acknowledge that I have been informed about where to locate a complete copy of the Hospital Compliance Program if I so desire.

Date: _____

Print Name: _____

Signature: _____

- ☒ Indicates that every employee/volunteer/contractor must be given this information.

