



Compliance and HIPAA Training Affirmation Statement

By signing below, I acknowledge that I have: 1) received my copy of the Health Management Compliance Manual, 2) received Annual Compliance Training, and 3) received Annual HIPAA Privacy and Security Training.

I understand that the Compliance Manual is intended to provide a detailed overview of Health Management's Compliance and Ethics Program. I recognize that each Health Management associate is responsible for knowing and following the principles and standards set forth in the Compliance Manual. I also understand that the Compliance and Ethics Program may change from time to time, and that it is my responsibility to familiarize myself with and comply with those changes that are in effect at any given time.

I certify that I will comply with our Compliance and Ethics Program as well as the laws, rules, and regulations that apply to my work.

I acknowledge that my failure to follow the requirements of our Compliance and Ethics Program may result in disciplinary action against me, up to and including my termination.

I acknowledge that I should contact my supervisor, HCO, Privacy Officer, Security Officer, DCO, or a member of the Home Office Compliance Team if I have any questions or concerns about our Compliance and Ethics Program.

I also understand that I have a responsibility to report even suspected violations of the Compliance and Ethics Program, and have reported all known or suspected violations, to my supervisor, HCO, Privacy Officer, Security Officer, DCO, a member of the Home Office Compliance Team, or through the Compliance Helpline or Post Office Box.

I understand that I must sign this Affirmation Statement as a condition of employment.

Name (print)		Department	
Job title		Date training completed	
Signature		Date signed	

Feel free to add any comments below:
