

2016 Corporate Compliance Signature Page

DOCUMENT YOUR COMMITMENT.

Please read and sign this acknowledgement.

I understand the CHS Corporate Compliance Plan.

I will implement the Compliance Program's Standards of Conduct principles throughout my association with the Catholic Health System.

I agree to comply with all federal and state laws, rules and regulations governing the Catholic Health System.

I recognize my responsibility to remain knowledgeable about compliance standards.

I understand that I must acknowledge my commitment to compliance on an annual basis.

I understand it is my obligation to report potential or actual non-compliant concerns that come to my attention.

I understand that the Catholic Health System has a non-retaliation policy for reporting compliance concerns in good faith.

I have read the above Yes (Please Circle)

Name: _____
(Please print)

CHS Organization Name: _____

Department: _____

Signature: _____

Date: _____

If you are aware of any non-compliant activities within the Catholic Health System, please notify your Supervisor, the Compliance Officer at 821-4469 or call the Compliance Line at 1-888-200-5380.

Thank you.

