



CODE OF EXCELLENCE AND CODE OF CONDUCT ACKNOWLEDGMENT FORM

I acknowledge that I am aware that compliance with the Code of Excellence and Code of conduct is a condition of my continued medical staff/allied health staff membership with Anderson Healthcare.

I further pledge and acknowledge the following:

1. That it is my duty to know and understand the ethical standards, legal standards and company policies applicable to performing my duties.
2. I pledge the act in compliance with the Code of Excellence and Code of conduct and any compliance policies applicable to my responsibilities.
3. I pledge to be in full compliance with all applicable laws, federal health care program requirements and with Anderson policies and procedures.
4. I will report any conduct that I believe constitutes a violation of the Code of Excellence or Code of Conduct as outlined in the Codes.
5. I will seek advice from the Compliance Officer concerning appropriate actions that I may need to take in order to comply with the Code of Excellence or the Code of Conduct.
6. I understand that failure to comply with the code of Excellence or Code of Conduct may subject me to disciplinary action.

Signature

Date

Printed Name