

Code of Conduct: Acknowledgement & Confidentiality Statement

I, _____, as a Workforce Member of Flagler Health+ and its affiliates, acknowledge that I have received a copy of the **Flagler Health+ Code of Conduct** brochure, and certain policies that comply with the Privacy and Security Regulations under the Health Insurance Portability & Accountability Act (HIPAA). I have also received a copy of the Flagler Health+ Corporate Compliance Program Policy.

I understand that it is **my responsibility** to read them carefully and to seek further guidance from my immediate supervisor, manager or director, and or the Flagler Health+ Corporate Compliance Officer if I have any questions.

I further acknowledge that:

A) I have received and reviewed a copy of the Flagler Hospital Corporate Compliance Program Policy, and the Code of Conduct brochure; and understand it.

B) Agree to conduct myself within the guidelines established by the Flagler Hospital Corporate Compliance Program Policy and the Code of Conduct.

C) Agree to report any suspected violations of the Flagler Hospital Corporate Compliance Program Policy to the Corporate Compliance Officer. D) I agree that non-compliance or any violations of these guidelines will result in disciplinary action up to and including termination.

Signature: _____

Date: _____

Name (Print Full Name): _____