



AFFIRMATION OF UNDERSTANDING OF SELF REGIONAL HEALTHCARE'S
CORPORATE COMPLIANCE AND INTEGRITY PROGRAM

I agree and understand that ethical behavior and compliance with all applicable state and federal regulations, applicable Self Regional Healthcare (SRH) Policies and the SRH Code of Conduct are expected of all SRH Team Members and agents, inclusive of its wholly-owned and/or controlled affiliates. I affirm and certify I have read and understand the Code of Conduct and have received educational training concerning SRH's Corporate Compliance and Integrity Program, and the application of all policies and procedures pertaining to my activities in my capacity as a Team Member of SRH. I also understand that it is my responsibility to comply with the SRH Corporate Compliance and Integrity Policies, my departmental compliance-related policies as they relate to my specific job tasks, and with the Code of Conduct, and I agree to abide by the same during the entire term of my employment with SRH.

I acknowledge that I have a duty to report any alleged or suspected violation of the law or SRH policies, or any federal or state healthcare requirements to my supervisor, the VP of Corporate Compliance and Integrity, or the confidential Corporate Compliance & Integrity Helpline. I understand that SRH shall not permit retaliation for any reports of violations.

Further, I certify that I have not been convicted of, or charged with, a criminal offense related to health care nor have I been listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs.

In accordance with SRH Human Resources Disciplinary Action Policy, I understand I am subject to disciplinary action, up to and including termination, for failure to comply with all applicable Federal and State laws and regulations, SRH policies, procedures and the Code of Conduct, including failure to report a suspected violation of any federal or state healthcare program requirement or a violation of SRH policy.

My signature acknowledges understanding of the above information and my agreement to comply fully with SRH's Corporate Compliance and Integrity Program, including its Policies and Code of Conduct, and with all applicable federal or state laws and regulations.

Please check the appropriate box:

_____ I certify that this is my first review of SRH's Corporate Compliance and Integrity Program, including its Code of Conduct.

_____ I certify that this is my annual review of SRH's Corporate Compliance and Integrity Program, including its Code of Conduct.

PRINT TEAM MEMBER NAME

TEAM MEMBER'S SIGNATURE AND DATE

DEPARTMENT

SUPERVISOR'S SIGNATURE AND DATE