



**PINES BEHAVIORAL HEALTH SERVICES
COMPLIANCE PROGRAM**

Commitment to Corporate Compliance Attestation Form

I, _____, acknowledge that I have received the required training on the Deficit Reduction Act, The State and Federal False Claims Act, and that I have received education about Whistleblower protections. I agree as a provider to comply with recognized standards of compliance and will report instances which may constitute improper conduct related to fraud or abuse of federal funds. I understand that violations related to the improper submission of claims and/or the provision of services may result in a termination of employment and/or contract with Pines Behavioral Health.

As an employee, I agree to comply with the standards contained in the Code of Conduct, the Corporate Compliance Plan and all related policies and procedures as is expected as part of my continued employment or association with this agency

OR

As a contractor, I agree to comply with compliance expectations as set forth in the contract. I will report any potential violations of which I become aware promptly to the Corporate Compliance Officer or to the Anonymous Compliance Hotline.

Signature _____

Date _____

Printed Name of Employee _____

Supervisor or Compliance Officer _____