
Disclaimer

IF YOU ARE AN EMPLOYEE OF A CONTRACTOR, NOTHING HEREIN SHALL BE CONSTRUED TO CHANGE THIS RELATIONSHIP OR TO MAKE YOU AN EMPLOYEE OF BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA AND/OR ANY OF ITS SUBSIDIARIES OR AFFILIATES.

IF YOU ARE AN EMPLOYEE OF BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA AND/OR ANY OF ITS SUBSIDIARIES OR AFFILIATES, PLEASE NOTE THAT ALL EMPLOYEES OF BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA AND ANY OF ITS SUBSIDIARIES OR AFFILIATES ARE EMPLOYED AT-WILL AND MAY QUIT OR BE TERMINATED AT ANY TIME AND FOR ANY REASON. NOTHING IN ANY OF BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA'S RULES, POLICIES, HANDBOOKS, PROCEDURES OR OTHER DOCUMENTS RELATING TO EMPLOYMENT CREATES ANY EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT. NO PAST PRACTICES OR PROCEDURES, WHETHER ORAL OR WRITTEN, FORM ANY EXPRESS OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT UNLESS: 1) THE TERMS ARE PUT IN WRITING, 2) THE DOCUMENT IS LABELED "CONTRACT," 3) THE DOCUMENT STATES THE DURATION OF EMPLOYMENT AND 4) THE DOCUMENT IS SIGNED BY THE CHIEF EXECUTIVE OFFICER.

PRINTED NAME OF EMPLOYEE/CONTRACTOR

EMPLOYEE'S/CONTRACTOR'S ID

EMPLOYEE'S/CONTRACTOR'S SIGNATURE

DATE

BlueCross BlueShield of South Carolina and Its Subsidiaries

HIPAA/Compliance/Rules of Behavior/ Security Awareness Attestation



Instructor: _____ Location: _____

Date of Class: _____ Time: _____

Name: _____ BlueCross ID: _____

I hereby attest that I have received, read and understood the course listed above and will comply with the Corporate Code of Conduct, which includes Privacy and Security Rules, the Rules of Behavior and other laws that affect our business.

Signature _____ Date _____