

Acknowledgement of Training and Receipt of Deficit Reduction Act of 2005 Policy and Procedure

I hereby acknowledge by my signature that I have received and read the Deficit Reduction Act of 2005 Policy and Procedure, agree to comply with it, and understand that:

- This Facility is committed to providing quality care for its residents and submitting reimbursement claims for healthcare services that have been properly provided and that are supported by complete documentation.
- This Facility has a Compliance and Ethics Program that provides support to each employee while providing quality care and adhering to all applicable laws and regulations. I have received a copy of this Facility's Compliance and Ethics Program Manual and I am aware that additional copies are available through the Facility's Administrator or Compliance and Ethics Officer.
- If I have any concerns that may involve a violation of a law or regulation, even if I am unsure if the issue is a violation of any law or regulation, I am encouraged and expected to report such concern without delay.
- Concerns related to this policy may be reported to my manager, the Administrator, or the Compliance and Ethics Officer. Calls may also be made anonymously to the Compliance and Ethics Hotline at **(800) 610-2544**.
- I understand that this Facility will not intimidate me from reporting, nor will I face any retaliation, provided my report was made in good faith.
- This Facility is committed to complying with the Deficit Reduction Act of 2005 as outlined in this Policy and Procedure.
- Vendors and Contractors only: I agree to abide by the standards contained in this Policy and Procedure, and also agree to participate in this Facility's mandatory compliance and ethics training as applicable. I agree to disseminate this Facility's policies to my managers and employees.

Choose one:

☐ Employee

☐ Health Care Provider

☐ Vendor

☐ Other: _____

Name of individual (Please print)

Name of company (Please print)