



## CODE OF CONDUCT/CONFLICT OF INTEREST ATTESTATION

**Instructions:** Please review the company's Code of Conduct. Read and sign the attestations below. Please submit the form back using Workday.

- The Code of Conduct is available at Y:\All Employees\Corporate Compliance Program.
- Conflict of Interest is covered in the Code of Conduct; if you'd like additional information the policy is available at Y:\All Employees\Corporate Compliance Program\Compliance Policies.

### Code of Conduct Attestation:

My signature below indicates my understanding and acknowledgement that I am responsible for complying with Consumer Direct Care Network's (CDCN) Code of Conduct. Employees violating the Code of Conduct and its applicable policies may be subject to corrective action up to and including termination.

I understand I may seek clarification from my supervisor or CDCN's Compliance Officer if I have questions about CDCN policies, procedures or applicable laws.

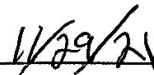
### Conflict of Interest Attestation:

A conflict of interest may occur if an endeavor or activity influences or appears to influence the ability of an individual to exercise objectivity or impairs the individual's ability to perform their employment responsibilities in the best interest of CDCN.

My signature below indicates my understanding and acknowledgment that all CDCN employees must disclose any conflict of interest with any vendor, contractor or provider of services. If at any time I become aware of any actual or potential conflicts of interest, I will promptly notify CDCN's Compliance Officer via InfoHR@ConsumerDirectCare.com in writing.

**Note:** We will accept typed names, electronic signatures and digital signatures as representation for an attestation of the statements above.

  
Employee Signature

  
Date

