

Attestation

I have reviewed the information in this presentation which includes policies and procedures, behaviors and expectations, confidentiality practices, corporate compliance procedures, safety and quality initiatives that are expected of all Cone Health affiliates, and I have been provided an electronic copy of the Cone Health Medical Staff Bylaws, Rules and Regulations. By my signature I agree to abide by all of the afore mentioned.

PLEASE EXIT THE SLIDESHOW TO PRINT AND SIGN FORM. FORM IS LISTED UNDER PROVIDER ORIENTATION REFERENCE DOCUMENTS.

Name _____
Signature _____
Date _____