

Certification

I certify that I have received and read the Sharp HealthCare Commitment to Principles and that I understand its purpose and how it applies to me.

I agree to comply with the Commitment to Principles.

I agree to adhere to and comply with the following requirements as a condition of my employment and I understand that it is a component of my annual performance review. Sharp HealthCare will take disciplinary action, including and up to termination, for violations of:

- The Commitment to Principles
- Sharp HealthCare's policies and procedures
- Applicable laws and regulations
- Terms and guidelines of government health care payers and programs
- Corporate Integrity Agreement requirements, as applicable
- Obligation to report all known or suspected violations listed above

I recognize that Sharp HealthCare prohibits retaliation against any individual who makes a good-faith report of a compliance issue.

I have a responsibility to discuss the importance of the Commitment to Principles with anyone under my supervision, as applicable.

I understand that these standards may be amended, modified, or clarified at any time and that I will have access to any updates that may occur.

First/Last Name (print)

Signature

Date Signed (month/day/year)

Employee Number

Sharp HealthCare Facility

Department