

**STUDENT ATTESTATION OF RECEIPT OF  
ETHICS AND COMPLIANCE TRAINING MATERIALS**

I hereby certify that I have received the following documents:

- Ethics and Patients' Rights Required Training

I understand that I have an obligation to acknowledge any known or suspected violations of Memorial's Code of Business Practice or policies.

I have received a copy of Memorial's Code of Business Practice.

I am aware of the process to report any concerns I may have regarding Memorial's business practices--I may inform my supervisor, management, contact the Ethics line for anonymous reporting or contact the Ethics Office directly.

I am aware that I can report any concern to Memorial management, the ethics and compliance office or a government regulatory body without fear of retaliation.

I understand the rules and regulations that protect our patient's rights to privacy of their medical information.

I understand the importance of the laws and regulations that govern how we can and can not compensate physicians.

I understand that all arrangements with physicians must be carefully reviewed in strict accordance with Memorial's policy prior to making any agreements with a physician.

I understand the necessity of accurate documentation and coding practices.  
I acknowledge that I have had the opportunity to ask any questions about these materials.

**Student Signature:**

**Student Printed Name:**

**School Name:**

**Program:**

**Date Signed:**