

**Standards of Business Conduct Receipt Form**

I have read and understand the Standards of Business Conduct for University of Maryland Medical System (Medical System). I understand that adherence to these Standards is an essential element of my employment. I agree to discuss any questions or concerns related to the Standards with my supervisor or a member of management. I acknowledge and agree that I am responsible for familiarizing myself with the content of and complying with the Medical System policies and procedures.

I understand that applicable laws may change from time to time and new laws may be enacted. I acknowledge and agree that I am responsible for familiarizing myself with and complying with any new or revised policies or procedures. I further acknowledge and agree that the Medical System reserves the right in their respective sole discretion to amend policies, procedures, programs and/or guidelines at anytime.

I acknowledge and agree that the Standards are not an employment contract.

I certify and attest that I currently am not and have not been sanctioned by or excluded from participation in federal health care programs. I will notify Human Resources immediately if I am or may be sanctioned by or excluded from participation in federal health care programs, including but not limited to any action or activity which could become the basis for an adverse action by a federal health care program.

I certify and attest that I am not aware of any ongoing activity within the Medical System that may violate the Standards or applicable law. I agree to notify my supervisor or a member of management immediately if I am or become aware of any activity that may violate the Standards or applicable law.

Date

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Employee Signature

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Print name

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Approved by the ECC 3/11/2013