



Acknowledgement of Receipt and Understanding of the Standards of Conduct and Notice of Privacy Practices

This is to acknowledge that I have received the Standards of Conduct and Notice of Privacy Practices. I agree to comply with the standards contained in the Standards of Conduct and the Notice of Privacy Practices and all related policies and procedures as is expected as part of my continued association with the Health Care District. I acknowledge that the standards are only a statement of principles of individual and business conduct, and do not constitute an employment contract.

I will promptly report any identified or potential violation of which I become aware to my supervisor, or the Chief Compliance Officer, at 561-659-1270 ext 5524, or the compliance hotline at 1-866-633-7233. I understand that any violation of the Standards of Conduct, The Notice of Privacy Practices, or any compliance policy or procedure is grounds for disciplinary action. Because the information and policies described in the rules, policies and procedures are subject to change as needed, I acknowledge that revisions to the policies and procedure may occur without prior notice. Any such changes will be communicated as soon as possible after the change is instituted. I also understand that the revised information may supersede, modify or eliminate existing policies.

Signature: _____

Print Name: _____

Date: _____

Department: _____