



IMPERIAL HEALTH PLAN
OF CALIFORNIA



IMPERIAL INSURANCE COMPANIES

COMPLIANCE, FWA, HIPAA TRAINING & P&P ATTESTATION FORM

I, _____, acknowledge that I have received and read a copy of the Imperial Health Plan Compliance Training and Education that includes training for Compliance, FWA and HIPAA. I understand that it is my obligation to read and familiarize myself with these trainings and the follow corresponding regulatory requirements relevant to my job description.

By signing the below, I am certifying I have reviewed the contents of the referenced materials below and agree to abide by all regulatory requirements and processed outlined in these documents.

- General Compliance
- Fraud Waste and Abuse Part 1
- Fraud Waste and Abuse Part 2
- HIPAA
- P&P location notification

I attest I have received, reviewed, and will report any/all suspected violations to the Imperial Health Plan Compliance Officer.

Print Name: _____

Signature: _____

Department: _____

Date: _____

☐ New Hire (90 days after hire)

☐ Annual

COMPLIANCE PLAN ACKNOWLEDGEMENT

I, _____, acknowledge that I have received and read a copy of the Imperial Health Plan Compliance Plan. I understand that it is my obligation to read and familiarize myself with the Compliance Plan and the following Policies and Procedures, to the extent relevant to my job description.

I agree to abide by the Compliance Plan, all such policies and Procedures, and all federal, state and local governmental laws and regulations. I acknowledge that it is my responsibility to report any violations to the Compliance Officer or the Compliance Hotline.

I also agree to abide by the Non-disclosure and Confidentiality Clause of this Compliance Plan.

Signature

Date

CODE OF CONDUCT ACKNOWLEDGEMENT

I, _____, acknowledge that I have received and read a copy of the Imperial Health Plan Code of Conduct. I understand the Code of Business Conduct is a critical component of a compliance plan and I must be committed to upholding the highest standards of integrity by following the Guiding Principles of the Code of Business Conduct

I agree to abide by Imperial Health Plan's Code of Business Conduct and be committed to providing a safe and healthy work environment as outlined in this Compliance Plan.

I also agree to abide by the Non-disclosure and Confidentiality Clause of this Compliance Plan.

Signature

Date