

CONTINGENT AND VOLUNTEER WORKER ATTESTATION FORM

YOUR NAME: (Please print your complete legal name as it appears on your paycheck)		
LAST NAME:		YOUR WORK PHONE NUMBER(S):
FIRST NAME:		DEPARTMENT:
MIDDLE INITIAL:		
LOCATION/FACILITY NAME:		
MANAGER'S NAME		
LAST NAME:	FIRST NAME:	PHONE NUMBER:

- **I have completed the Compliance and Regional Mandatory training required of newly hired contingent and volunteer workers and have read all of the Compliance Training documents listed below:**
 - Kaiser Permanente "Principles of Responsibility" (POR)
 - Guide to the Principles of Responsibility
 - HIPAA 101: Privacy and Security Basics
 - Prevent Fraud, Waste, and Abuse - Fact Sheet
- I understand that the requirements in these documents apply to me.
- I have read, understood, and familiarized myself with these documents.
- If I have any questions about any of these documents, I will seek clarification from my contact at Kaiser Permanente.
- I understand that I am expected to conduct myself in an ethical and responsible manner at all times, in accordance with these documents.
- I agree to abide by the content of these documents and acknowledge that the failure to comply with them can result in my no longer being able to work on assignments for Kaiser Permanente.
- I understand that I am also required to report any suspected compliance or ethics concerns I become aware of. I further understand that I am protected from retaliation for reporting any such concerns.

By my signature below, I acknowledge, understand, accept, and agree to comply with these requirements. I also understand that failure to comply with these requirements may result in disciplinary action up to and including termination of assignments at Kaiser Permanente and ineligibility for future assignments.

Signature

Date Completed