

GBUACO Compliance Training Attestation

I, _____ attest that I have completed the training and education regarding the GBUACO Compliance Program.

I have obtained, reviewed and understand the policies and received training related to:

- Overall Compliance
- Physician Self-referral
- Code of Conduct
- Anti Kickback
- HIPAA Compliance
- Beneficiary Inducement
- Fraud, Waste and Abuse

I understand the necessity to report any and all real or potential non-compliance issues to the compliance officer and the policy language related to disciplinary consequences of not reporting suspected compliance issues.

Date Signed: _____

Print Name: _____

Signature: _____

Witness: _____