

Southern Illinois Healthcare

A C K N O W L E D G M E N T

- Memorial Hospital of Carbondale System Office St. Joseph Memorial Hospital
 Herrin Hospital SIMS

This document certifies that I have received training on Southern Illinois Healthcare's Corporate Compliance Program and that I have been provided and will read the Code of Ethics. I understand the principles of the Corporate Compliance Program as it applies to my job and me. I understand that I am expected to comply with the Corporate Compliance Program.

I know it is my right and responsibility to seek guidance on ethical and compliance issues when I am uncertain about which actions to take and to report situations to management when I have reason to believe there is a violation of SIH's policy.

I will cooperate in any investigation that may be a violation of law, regulation, private and public payor healthcare program requirements, SIH policies/procedures, SIH's Corporate Compliance Program, and/or SIH's Code of Ethics.

To date, I have brought all compliance concerns that I am aware of to the attention of my supervisor or SIH's Corporate Compliance Officer.

Name (**Print**): _____

Employee ID # or last 4 of SS # _____

Signature: _____ Date: _____

Department: _____

Position: _____

Employee Classification: student intern temporary volunteer employee
(please circle)