



Student Acknowledgement Statement

Compliance:

All members of the Aultman workforce are expected to comply with the Code of Conduct, as well as all applicable policies and procedures, laws, regulations and contractual obligations.

- I understand that I am required to report any compliance concerns or issues to my manager, the Compliance Office, or the Aultman Compliance Line (1-866-907-6901).
- I have reported any compliance concerns or issues that I have become aware of.
- I understand that employees who appropriately report concerns will not be punished.

Conflict of Interest:

Conflicts of interest may arise in a variety of circumstances. A conflict of interest occurs in situations where an employee's judgment could be affected because the employee has a personal interest in the outcome of a decision over which the employee has control or influence.

- I do not have any financial, business, personal or other relationships that conflict with Aultman's interests, or I have disclosed all actual and potential conflicts of interest to my manager or the Compliance Officer.

Confidentiality:

Most clinical and business records contain confidential information. All employees have a legal and moral responsibility to maintain confidentiality at all times.

- I agree not to disclose confidential information without proper authorization.
- I agree not to review records or files for which I do not have authorization, including my own record and the records of co-workers, family and friends.
- I agree not to remove confidential information from Aultman without approval to do so.
- I agree not to make copies of any records or data except as required to perform my duties.
- I agree not to use any Aultman records or data for personal use or for commercial purposes.

Electronic Communications:

All electronic communication systems and the information transmitted by, received from, or stored in these systems are the property of Aultman Health Foundation.

- I understand that these systems are to be used solely for job-related purposes and not for personal use.
- I understand I have no expectation of privacy in connection with the use of these systems.
- I agree not to access a file or retrieve stored communication without authorization.
- I agree not to share my user id and password with anyone.
- I agree not to use another person's id to gain access to any electronic communication system.

Violation of any of the standards listed on this form may result in disciplinary action.

By signing this statement, you are acknowledging your acceptance and adherence to Aultman's Code of Conduct, conflict of interest, confidentiality, and electronic communication policies.

Print Name: _____

Signature: _____ Date: _____