

**Acknowledgement of Standards of Conduct, False Claims Policy and Attestation of  
Completion of Required Training**

I have received notification of and I will read and follow the Memorial Hermann Health System Standards of Conduct and the Memorial Hermann False Claims Policy. I have received instructions regarding how to access these documents. I understand that the Standards of Conduct apply to my relationship with Memorial Hermann and that following all laws, regulations, policies and the Standards of Conduct is a condition of that relationship. I understand that this includes the completion of required compliance and fraud, waste and abuse training initially upon hire or appointment and annually thereafter. I will seek advice from the Chief Compliance Officer, or I will call the Compliance Helpline with any compliance questions or issues.

My signature means that (1) I acknowledge that it is my responsibility to read and comply with the procedures and policies set forth in the Standards of Conduct and with any new or revised policies located therein; (2) I acknowledge that it is my responsibility to read and comply with the Memorial Hermann False Claims Policy; and (3) I acknowledge that I have completed, and will annually complete, the required compliance and fraud, waste and abuse training.

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Signature

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Printed Name

Date

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Position and Department/Division