



Code of Conduct Attestation

I attest that:

- I have received the Regional Health Code of Conduct and understand that it is my responsibility to read and comply with the legal and ethical practices contained in the Code of Conduct.
- I will report potential compliance issues to management, medical staff leadership, the Corporate Responsibility Department at 605-755-9020, or the Compliance Hotline at 1-877-800-6907 or RegionalHealth.Alertline.com.
- I will uphold the **values of the organization** demonstrated by my conduct.

PRINTED NAME

SIGNATURE

DATE

TITLE OR POSITION

FACILITY

DEPARTMENT