



**2024**  
**COMPLIANCE, FWA, HIPAA TRAINING, P&P, CODE OF CONDUCT**  
**ATTESTATION**

I acknowledge that I have received/read a copy of the Imperial Health Plan Compliance Training and Education that includes training for Compliance, FWA, HIPAA and Code of Conduct.

I agree to abide by the Compliance Plan, all such policies and Procedures, and all federal, state and local governmental laws and regulations.

I acknowledge that it is my responsibility to report any/all suspected violations to my supervisor, Compliance Officer, via the Compliance mailbox at [compliancefwa@imperialhealthplan.com](mailto:compliancefwa@imperialhealthplan.com) or anonymously via the Compliance Hotline.

I agree to abide by Imperial’s Non-disclosure and Confidentiality Clause in the Compliance Plan and the Code of Conduct.

- General Compliance
- Fraud Waste and Abuse Part 1
- Fraud Waste and Abuse Part 2
- HIPAA
- P&P location notification
- Code of Conduct

By signing the below, I am certifying I have reviewed and will abide by the referenced materials above and all regulatory requirements and processes outlined in these documents/trainings I received.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

New Hire (90 days after hire)

Annual