



Annual Attestation

Name: _____ Date: _____

Relationship to the RPN (name of practice group): _____

1. Standards of Conduct

I have received a copy of the RPN's **Standards of Conduct**. I understand the policy and agree to abide by the terms set forth therein. I understand that failure to abide by the terms may result in my removal as a Participant, pursuant to the requirements and processes provided in the RPN's governing documents. _____ (initial)

2. Confidentiality & Security

I have received a copy of the RPN's **Confidentiality & Security Agreement**. I understand the policy and agree to abide by the terms set forth therein. I understand that failure to abide by the terms may result in my removal as a Participant, pursuant to the requirements and processes provided in the RPN's governing documents. _____ (initial)

3. Fraud, Waste and Abuse

I have received and completed the RPN's **Fraud, Waste and Abuse Training**. I understand the training and agree to abide by the terms set forth therein. I understand that failure to abide by the terms may result in my removal as a Participant, pursuant to the requirements and processes provided in the RPN's governing documents. _____ (initial)

4. Conflict of Interest

I have received a copy of the RPN's **Conflict of Interest Policy**. I understand the policy and agree to abide by the terms set forth therein. I understand that the RPN is a non-profit corporation and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes. I understand that failure to abide by the terms may result in my removal as a Participant, pursuant to the requirements and processes provided in the RPN's governing documents. _____ (initial)

Disclosures:

Do you have an *interest* (current, past, or potential), including a compensation arrangement, as defined in the Conflict of Interest Policy? **Yes or No** (circle)



Regional Physician Network

If **yes**, please complete the attached Conflict of Interest Disclosures form.

I have reviewed the forgoing information and indicated my agreement above:

Signature