

**PROSPECTIVE EMPLOYEE/CONTRACTOR CORPORATE COMPLIANCE PROGRAM
AND CODE OF ETHICS ACKNOWLEDGEMENT FORM**

Macomb County Community Mental Health Services Board

I hereby acknowledge and affirm that I have read and reviewed the Macomb County Community Mental Health Corporate Compliance Program and Code of Ethics. I understand the provisions of both the Compliance Program and the Code of Ethics and was allowed to ask any questions I might have regarding their requirements.

I understand that it is a condition of my employment/contract to comply with the requirements of the Compliance Program and the Code of Ethics. I also realize that I am required to report violations of the Program or Code when any person informs me of a possible violation or I witness a violation myself. I also understand I will not be punished for reporting in good faith misconduct of any magnitude or which involves any level of Board staff/contractor. I have been informed that I will be disciplined for failing to report such violations. I am familiar with both the Compliance hotline telephone number to report misconduct and the location of the Compliance Office.

I certify that I have not been excluded from participation as a provider in any federal, state or private health care program due to any offense involving financial misconduct. I further certify that I have not been excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in activities involving federal financial and non- financial assistance and benefits. I have not been criminally convicted of any crime regarding the federal or state health care programs or private health care plans or any offense involving financial misconduct (such as fraud, embezzlement or bribery). I agree to assist the Board and/or compliance staff investigating my previous involvement in any health care reimbursement program or criminal act.

Employee/Contractor Signature

Date

Printed Name

Witness

Witness