

Compliance Pledge

Agency Name: Texas United Home Health

(Complete upon hire and annually)

The undersigned is a current Governing Body member, owner, officer, director, or person who performs billing or coding functions on behalf of the Agency or an employee of the Agency. In that capacity, the undersigned hereby affirms that:

I have received the Agency Standards of Conduct, have had an opportunity to have questions regarding the Standards of Conduct answered, and agree to conduct myself in accordance with the same in all dealings with or on behalf of the Agency;

I have completed the Compliance Training and Education Program as required by the Agency's Compliance Program;

I am not aware of any actual or potential unreported activity by any person or entity acting for or in conjunction with the Agency which is known or believed by me to be in violation of any applicable federal or state law, rule, or regulation;

I understand the importance of compliance with applicable laws, rules, and regulations to the Agency, government, and third-party payers;

I understand that all Agency representatives are expected to report any suspected violations of these laws, regulations, or rules to the supervisor or the Compliance Officer. I understand that I must also report any suspected violations of the policies or the standards and procedures of the Program, and that I may anonymously report any suspected violations through the compliance drop box or the hotline number at 817-771-3840.

I understand that conduct in accordance with the Agency's Compliance Program will be a condition of my continued relationship with the Agency. I understand that failure to comply with the Program may subject me to sanctions or discipline to include, but not be limited to, termination of employment and/or privileges; and

I am not currently, and have not been, subject to any criminal charge or conviction involving any government business nor any conviction, exclusion action, disciplinary action, debarment or proposed debarment, or loss or limitation of licensure, privilege, or employment as a result of any alleged violation of applicable state or federal law, rule, or regulation.

Signature

Date

Print Name/Title or Job Description