

**STUDENT AND VOLUNTEER ATTESTATION FORM**

<b>NAME: Please print</b> (Use your complete legal name as it appears on your paycheck)  <b>LAST NAME:</b> _____  <b>FIRST NAME:</b> _____  <b>MIDDLE INITIAL:</b> ____	<b>WORK PHONE NUMBER: (Teline and outside)</b>  <b>Teline:</b> _____  <b>Outside:</b> _____
<b>KAISER PERMANENTE MANAGER'S NAME: (Please print)</b>  <b>LAST NAME:</b> _____  <b>FIRST NAME:</b> _____  <b>MANAGER'S WORK PHONE NUMBER:</b> _____	<b>LOCATION/FACILITY NAME:</b>  <b>DEPARTMENT:</b>

**I have received copies of the documents listed below:**

- Kaiser Permanente *Principles of Responsibility*
  - Guide to the Principles of Responsibility
  - Five Compliance Expectations
  - HIPAA 101: Privacy and Security Basics
  - Preventing Fraud, Waste, and Abuse
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- I understand that the requirements in these documents apply to me.
  - I have read, understood, and familiarized myself with these documents.
  - If I have any questions about any of these documents, I will seek clarification from my contact at Kaiser Permanente.
  - I understand that I am expected to conduct myself in an ethical and responsible manner at all times, in accordance with these documents.
  - I agree to abide by the content of these documents and acknowledge that the failure to comply with them can result in my no longer being able to work on assignments for Kaiser Permanente.
  - I understand that I am also required to report any suspected compliance or ethics concerns I become aware of. I further understand that I am protected from retaliation for reporting any such concerns.

By my signature below, I acknowledge, understand, accept, and agree to comply with these requirements. I also understand that failure to comply with these requirements may result in disciplinary action up to and including termination of assignments at Kaiser Permanente and ineligibility for future assignments.

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**Signature**

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**Date Completed**