



Employee Attestation for Code of Conduct and Ethics

I have received, read, understand and I will abide by the Code of Conduct and Ethics applicable to Provider Health Services. I have received educational training with regard to the Code of Conduct and Ethics, and Compliance Plan in general and as they affect my role with the Company. I understand the progressive disciplinary action policies with regard to individuals who violate laws, regulations, standards, and operating policies

I realize that:

- I have an obligation to report actual or suspected misconduct that may violate the Code of Conduct and Ethics or Compliance Plan.
- I am obligated to report suspected violations of the laws, regulations, and standards that I may observe at the Company.
- I should forward to the Chief Compliance Officer or Compliance Department any concerns along with any evidence of misconduct that may assist in an internal investigation.

I understand that:

- I may remain anonymous in any report filed with the Chief Compliance Officer or Compliance Department.
- I may be required, in the event of an investigation by federal or state authorities is conducted, to serve as a witness and that in this case, I may no longer maintain anonymity.
- The Company will strive to maintain confidentiality of my identity in all cases, but that the Company cannot guarantee such confidentiality in all instances.
- The Company maintains a strict policy of non-retaliation against those who report misconduct.
- If I am directly implicated in a compliance investigation and if my presence threatens the conduct of an investigation, the Company is obligated to remove me from my position while the investigation is in process.
- If I am personally named by federal or state agencies in a suit pending disposition, the Company may be obligated to remove me from my position until the conclusion of that suit.
- If I am named to any list of individuals excluded from participation in federal or state reimbursement programs, my employment will be terminated.

Employee's Printed Name

Employee's Signature

Witness

Date