



EMPLOYEE COMPLIANCE TRAINING

Please review the (5) documents located on our Employee Training webpage using the link below. After reviewing, please sign the attached attestations forms. You may also turn in hard copies of these forms on your first day of employment, or email or fax them to me prior to your first day by using the email address and fax number below.

If you have any questions, please contact me.

<http://www.integranethealth.com/Employee-Training>

Thanks,
Kate Cevallos
Human Resources Director
T: (832) 456-2625
F: (832) 456-2636
KCevallos@IntegraNetHealth.com



Attestation

By signing your name below, you attest that you have completed IntegraNet's

COMPLIANCE PROGRAM and CODE OF CONDUCT

I understand the content of this training course, and agree to abide by all laws, policies, and guidelines referenced in this program.

Signature:

Printed Name:

Date:



ATTESTATION

By signing your name below, you attest that you have completed compliance education and training for PHI (Protected Health Information), and understood the content of this training courses, and agree to abide by all laws, policies and guidelines referenced in this program.

Signature: _____

Printed Name: _____

Date: _____



By signing below, you attest that you have completed the IntegraNet Health Compliance, Fraud, Waste and Abuse Training, HIPAA Compliance, and software and methodologies yearly training and understood the content of this training course, and agree to abide by all laws, policies and guideless referenced in this program.

Date:

Printed Name:

Signature:



CONGRATULATIONS!

You have completed the Centers for Medicare & Medicaid Services Parts C & D Fraud, Waste and Abuse Training

Signature / Print Name

Date

Please email completed form to privacyofficer@integranethealth.com



CONGRATULATIONS!

You have completed the Centers for Medicare & Medicaid Services Parts C & D Compliance Training

Signature / Print Name

Date

Please email completed form to privacyofficer@integranethealth.com