

Acknowledgement:

C.H.T.Services, Inc.

**CERTIFICATION OF RECEIPT OF CODE OF CONDUCT AND FEDERAL FASLE CLAIMS ACT
SUMMARY PURSUANT TO DRA SECTION 6032**

Questions?

C.H.T.Services encourages employees, contractors, and agents to raise questions or concerns, and seek clarification regarding these laws or related policy issues with the Compliance Officer or other designated party.

Acknowledgement:

I HAVE RECEIVED THE FEDERAL FALSE CLAIMS ACT SUMMARY OF LAWS AND C.H.T.SERVICES CODE OF CONDUCT AND I UNDERSTAND AND AGREE TO CONDUCT MYSELF IN ACCORDANCE WITH AND IN COMPLIANCE WITH THE FEDERAL FALSE CLAIMS ACT, THE NEW YORK FALSE CLAIMS ACT, AND NEW YORK HEALTH CARE FRAUD LAWS AND THE FACILITY'S CURRENT CODE OF CONDUCT PURSUANT TO DRA SECTION 6032

I ACKNOWLEDGE THAT I HA VE A DUTY TO REPORT ANY ALLEGED OR SUSPECTED VIOLATION OF THE PROVISIONS TO COMPLIANCE OFFICER OF C.H.T.SERVICES. I ACKNOWLEDGE THAT I HAVE THE DUTY TO IMMEDIATELY DISCLOSE IN WRITING TO THE COMPLIANCE OFFICER ANY PROPOSED OR ACTUAL EXCLUSION OR OTHER EVENT THAT MAKES ME INELIGIBLE TO PARTICIPATE IN THE EI PROGRAM.

I FURTHER CERTIFY THAT I AM NOT AWARE OF ANY CIRCUMSTANCES THAT COULD REPRESENT A POTENTIAL VIOLATION OF THE COMPLIANCE PLAN AND CODE OF CONDUCT. I WILL REPORT ANY POTENTIAL VIOLATION OF WHICH I BECOME AWARE PROMPTLY TO THE COMPLIANCE OFFICER OF C.H.T.SERVICES. I UNDERSTAND THAT ANY VIOLATION OF THE COMPLIANCE PLAN OR CODE OF CONDUCT IS GROUNDS FOR DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE FROM MY EMPLOYMENT OR CONTRACT WITH C.H.T.SERVICES.

Signature

Print Name

Date