



**ACKNOWLEDGEMENT OF RECEIPT OF POLICIES FOR BHN STAFF AT
BAYSTATE HEALTH**

BHN acknowledges that it is aware of Baystate Health's Compliance program, Code of conduct and Professional Appearance Standards. BHN represents that it has provided the BHN Providers with a copy of or access to the code of conduct, which requires that all BHN Services provided to the Practice be performed in an ethical and legal manner. BHN, including its BHN Providers, will fulfill its obligations under this Agreement in accordance with the standards set forth in the code of conduct. BHN agrees that any BHN Provider shall participate in general compliance training to be provided by Baystate Health on an annual basis or otherwise as may be reasonably requested by Baystate Health. BHN agrees, upon request by Baystate Health, to certify annually its compliance with the Practice's code of conduct.

I understand that it is my responsibility to become familiar with and follow the guidelines contained within the Baystate Health Code of Conduct, Compliance Program and Professional Appearance Standards.

I further understand that policies are subject to change at any time at the discretion of Baystate Health with or without notice. This information can also be requested from your PCBH Supervisor or Baystate Health.

- I acknowledge that I have received and read all of the excerpts of Important Baystate Health Policies including the Code of Conduct, Compliance Program and Professional Appearance Standards.*
- I understand that as a part of my performance appraisal, I will be expected to abide by the Baystate Health Values.*
- I acknowledge that I have reviewed the Baystate Professional Appearance Standards and procedures and recognize my obligations as an employee of Baystate Health to fully adhere to it.*
- I have read and understand the statement regarding the Policies of the Individuals Served. I further understand that it is my responsibility to abide by these standards and to treat all individuals with dignity and respect.*

Print Name

Signature

Program / Department

Date

For use by Human Resources

Human Resources Signature

Date