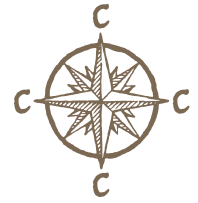# Code of Excellence Acknowledgement

We sign an acknowledgement that demonstrates our commitment to our Code of Excellence.

Carilion Clinic Code of Excellence
Code of Excellence Acknowlededgment

I acknowledge the following to demonstrate my commitment to our Code of Excellence:

» I understand the Code of Excellence ("the Code") is posted on Inside Carilion, the Carilion Clinic Intranet, and public website, CarilionClinic.org.

» I understand that it is my responsibility to review, and be familiar with, the Code's contents and related policies and procedures.

» I agree to comply with the standards contained in the Code and related policies and procedures as part of my continued employment or association with Carilion Clinic.

» I am aware of my obligation to seek guidance when unsure of the proper course of action and report in a timely manner any integrity and compliance concerns, including possible non-compliance with the Code or other policies.

» I understand that I am not permitted to retaliate against another person for raising a concern or reporting a suspected violation in good faith.

» I am aware that any breach of the Code or other policies applicable to me may subject me to corrective actions, up to and including termination of employment or other relationship with Carilion Clinic.

» I understand that while associated with Carilion Clinic, I am not permitted to be excluded from participation in Medicare, Medicaid or any health care program at a federal or state level. It is my responsibility to immediately disclose to the Organizational Integrity and Compliance Department any current or future federal or state program exclusions.

» I understand that I am expected to seek clarification and pre-approval of any potential conflicts of interest that I may encounter so that they may be properly managed. If I become aware of a potential conflict of interest that impacts me, I will disclose the matter immediately per Carilion Clinic policies and procedures.

Name _____ Date _____

Signature _____