



# **Acknowledgement Statement**

**Aultman’s workforce includes employees, volunteers, students, trainees, temporary workers, and other persons whose work performance is under the direct control of Aultman, whether or not they are paid by Aultman.**

### **Compliance:**

All members of the Aultman workforce are expected to comply with the Code of Conduct, as well as all applicable policies and procedures, laws, regulations and contractual obligations.

I understand that I am required to report any compliance concerns or issues to a member of the management team, the Compliance Department, or the Aultman Compliance Line (1-866-907-6901).

I understand that individuals who appropriately report concerns will not be punished.

### **Conflict of Interest**

Conflicts of interest may arise in a variety of circumstances. A conflict of interest occurs in situations where a workforce member could be affected because of a personal interest in the outcome of a decision over which the workforce member has control or influence.

I do not have any financial, business, personal or other relationships that conflict with Aultman’s interests, or I have disclosed all actual and potential conflicts of interest to a member of management or the Compliance Officer.

### **Confidentiality:**

Most clinical and business records contain confidential information. All workforce members have a legal and moral responsibility to maintain confidentiality at all times.

I agree not to disclose confidential information without proper authorization.

I agree not to review records or files for which I do not have authorization, including the records of co-workers, family and friends.

I agree not to remove confidential information from Aultman without approval to do so.

I agree not to make copies of any records or data except as required to perform my duties.

I agree not to use any Aultman records or data for personal use or for commercial purposes.

### **Electronic Communications:**

All electronic communication systems and the information transmitted by, received from, or stored in these systems are the property of Aultman Health Foundation.

I understand that these systems are to be used solely for job-related purposes and not for personal use.

I understand I have no expectation of privacy in connection with the use of these systems.

I agree not to access a file or retrieve stored communication without authorization.

I agree not to share my password with anyone.

I agree not to use another person’s ID to gain access to any electronic communication system.

**Violation of any of the standards listed on this form may result in disciplinary action and/or removal from Aultman Health Foundation programs.**

**By signing this statement, you are acknowledging your acceptance and adherence to Aultman’s Code of Conduct, conflict of interest, confidentiality, and electronic communication policies.**

### **Volunteer:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Parent/Guardian:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_