COMPLIANCE, FWA, HIPAA TRAINING ATTESTATION FORM

_____, acknowledges that all staff have received and read a copy of the Nivano Physicians, Inc. Compliance Training and Education that includes training for Compliance, FWA, and HIPAA. The organization understands that it is our obligation to read and familiarize one's self with these trainings and to follow the corresponding regulatory requirements.

By signing below, I am certifying that all staff within the organization have read and reviewed the contents of the referenced materials below and agree to abide by all regulatory requirements and processes outlined in these documents.

- General Compliance
- Fraud, Waste, and Abuse
- HIPAA

I attest the organization has received, reviewed, and will report any/all suspected violations to the Nivano Physicians, Inc. Chief Compliance Officer.

Organization Name:	
Tax ID Number:	
Print Name of Representative:	
Signature of Representative:	
Date:	
Title:	
Phone:	
Email:	