



## Provider Attestation of Business Integrity

I understand that the primary purpose of McLaren Health Care and its subsidiaries ("MHCC") is to provide health care services to the public. I understand that the integrity of all those connected with this institution is vitally important. To maintain the public trust, I agree that I must avoid even the appearance of impropriety and/or conflict of interest.

I understand and agree that:

- I shall not be a party, directly or indirectly, to any contract between myself and MHCC or its subsidiaries unless I properly disclose my personal interest to the subsidiary Chief Executive Officer and receive written authorization. The subsidiary Compliance Officer and the MHCC Corporate Director of Compliance must be notified of all such arrangements.
- I shall not use my contractual arrangement, or any information received through my contractual arrangement, to obtain financial gain for myself, a member of my family, or a business with which I or a member of my family are associated.
- I shall not make or participate in making a decision with respect to transactions on behalf of MHCC or its subsidiaries, having knowledge that the decision will provide me, or a member of my family or a business with which we are associated, with any financial benefits of more than de minimus value.
- I shall not accept a gift or participate in entertainment activities if it results in influencing a decision that would negatively impact MHCC or its subsidiaries. I agree to carefully avoid even the perception of allowing a supplier to influence my decisions.
- I shall maintain all work product, inventions, ideas, refinements, and alterations of equipment, procedures, technology, records and files as property of MHCC or its subsidiaries. I shall not remove any work product, records or files from the premises except in the ordinary course of business. I will leave all work products with MHCC or its subsidiaries when my contractual arrangement is terminated. While contracted by MHCC or its subsidiaries, I agree not to disclose or make use of any trade secrets, proprietary or confidential information with another organization.

Failure to comply with this Attestation of Business Integrity may be grounds for termination of my contract(s).

---

Name (printed)

---

Signature

Date

---

MHCC Organization(s) You Are Affiliated With

**Return to the Corporate Compliance Department**