



Individual Copy

Signed and maintained by individual.

[6/13]

Standards of Conduct Acknowledgement

I have received and read the Standards of Conduct adopted by McLaren Health Care and its subsidiary organizations. I participated in an educational session or received educational materials and was given the opportunity to ask questions regarding the Standards of Conduct and overall compliance program. I understand that they represent policies of McLaren Health Care.

If I have a concern about a known or suspected violation, I understand that I am to report the concern to my supervisor or the Compliance Officer. I understand that I can report this information anonymously and cannot be retaliated against for making any kind of report under this program.

I will fully cooperate with members of the compliance team during any investigative process. If I have questions concerning the Standards of Conduct, I understand that I may consult my supervisor or the Compliance Officer.

Signature

Printed Name

Department/Company (if applicable)

Date

Badge Number (if applicable)