



Compliance and Ethics Policies and Procedures CIA Year Three Review and Certification

This certifies that as of the date indicated below, I have completed Broward Health's Compliance and Ethics Policies and Procedures CIA Year Three Review and Certification Module. I further agree to and acknowledge the following:

- I have received, read and understand Broward Health's policies and procedures.
- I acknowledge that if I do not understand any Broward Health policy or procedure, I may contact the Chief Compliance and Privacy Officer and/or General Counsel to answer any questions.
- I recognize that non-compliance with Broward Health's policies and procedures may result in a number of consequences.

Signature: _____

Print Name: _____

Title: _____

Date: _____

Region/Facility _____