

# Groton Community Health Care Center, Inc.

## STATEMENT OF COMPLIANCE

I certify that I have received the Compliance Manual and that GCHCC's Compliance Program has been explained to me. I certify that I have read GCHCC's Compliance Manual, along with the Code of Ethics entitled Code of Ethics and Standards of Conduct, Health Care Compliance Standards and Policies, Federal False Claims Act and the Whistleblower Protection Policy. I promise to comply with the terms of GCHCC's Compliance Program including but not limited to the Code of Ethics and Standards of Conduct, Health Care Compliance Standards and Policies, Federal False Claims Act and Whistleblower Protection Policy, and I understand that violation of these terms may lead to disciplinary action, up to and including the termination of my employment or the termination or non-renewal of staff privileges.

I hereby affirm to the best of my knowledge and information that there have been no violations of any of the provisions of the Manual.

Signature \_\_\_\_\_

Name (Print) \_\_\_\_\_

Date \_\_\_\_\_

\*\*\* List any exceptions below, omitting any previously reported by you in your Statement of Compliance.

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