

# Acknowledgment of 2024 Compliance Training

As an employee, agent, officer, director, OHSU Health IDS/THPS participant, provider/supplier, or other representative of OHSU Health IDS/THPS, I am obligated to follow the compliance policies of the OHSU Health IDS/THPS and to demonstrate a commitment to honest and responsible corporate conduct. I recognize an obligation to report any unethical, illegal or other potentially improper conduct related to OHSU Health IDS/THPS activities that I am aware of or suspect to the Compliance Officer of OHSU Health IDS/THPS.

I hereby acknowledge that I have completed the Compliance Training and understand my obligations.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Send completed forms to  
[OHSUHealthPrvRelations@ohsu.edu](mailto:OHSUHealthPrvRelations@ohsu.edu)



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