

Appendix D: Employee Agreement

**Tohono O’odham Nation Health Care
Employee Agreement**

COMPLIANCE *(Please initial each statement)*

___I certify that I received a copy of or access to the Tohono O’odham Nation Health Care’s Compliance Plan, and agree to read the Compliance Plan.

___I agree to comply fully with the standards contained in the Compliance Plan and any compliance policies/procedures applicable to my responsibilities at Tohono O’odham Nation Health Care.

___I agree to report any conduct that I believe to be illegal or to violate the Compliance Plan or any compliance policies/procedures to my Supervisor or the Compliance Officer.

___I understand that my failure or refusal to comply with the Compliance Plan or compliance policies/procedures will result in disciplinary action.

DEFICIT REDUCTION ACT—PL 109-171

___I certify that I received information on the False Claims Act (FCA), activities covered by the FCA and financial/criminal liability for violating the FCA.

___I certify that I received information on “qui tam” lawsuits and the whistleblower protections offered under the FCA.

By signing this document, I attest to understanding that non-compliance with the aforementioned statements is considered reason for disciplinary action according to Personnel Policies and the Standards of Conduct. I agree to become familiar with and abide by Tohono O’odham Nation Health Care’s policies/procedures as they relate to aforementioned items. I understand and agree I have a responsibility to bring any concerns or questions to the attention of my supervisor or the TONHC Compliance/Privacy Officer within a reasonable time.

Print Name

Signature

Date

ANNUAL REVIEW (Date/Initials of employee/contractor/volunteer/student and respective manager):

Employee/Contractor/ Volunteer/Student Initials	Date	Manager/Supervisor Initials	Date

Original to Supervisor

Copy to Employee

Copy to Compliance Officer