



ORGANIZATION COPY

**Non-employees should
Sign and Submit to
Human Resources
or the subsidiary
Compliance Officer.**

(11.20)

STANDARDS OF CONDUCT ACKNOWLEDGEMENT

I have received and read the Standards of Conduct adopted by McLaren Health Care and its subsidiary organizations. 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)