



Argus  
MEDICAL MANAGEMENT, LLC  
The Physician Practice Management Company®

## Annual Compliance Trainings Attestations

(“Attest as You Complete Training Topics Without Waiting to Cover All Topics”)

### I attest that:

- I have completed the required training for the following:

>> **mark boxes** below of topics completed

Health Insurance Portability and Accountability Act (HIPAA)

\_\_\_\_\_  
*(please write here Training Topics you completed)*

Occupational Safety and Health Administration (OSHA)

\_\_\_\_\_  
*(please write here Training Topics you completed)*

Fraud, Waste, and Abuse (FWA)

Cultural and Linguistic Competency

Code of Conduct

Disability & Discrimination

California Mandated Reporting (OSHA Training - August)

**Note:** Worksite Hazard and C.U.R.E.S attestations are separate forms.

- I listened, read, and understood the course and information as presented. As an employee, I understand that it is my responsibility to abide by ProHealth Partners, A Medical Group/Argus Medical Management policies and procedures, in accordance with the training.
- The trainings were downloaded from ArgusLink Operations page and presented without modification in accordance to ProHealth Partners, A Medical Group/Argus Medical Management Policies and Procedures.
- AND/OR I completed the above listed training through another source in this year and have corresponding documents.
- If I have questions about the training, materials presented or ProHealth Partners, A Medical Group/Argus Medical Management policies and procedures, I understand it is my responsibility to seek clarification from the Compliance Officer or Human Resources Department.

**Doctor Office Name/ Location** \_\_\_\_\_

**Print name** \_\_\_\_\_

**Employee or Doctor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_