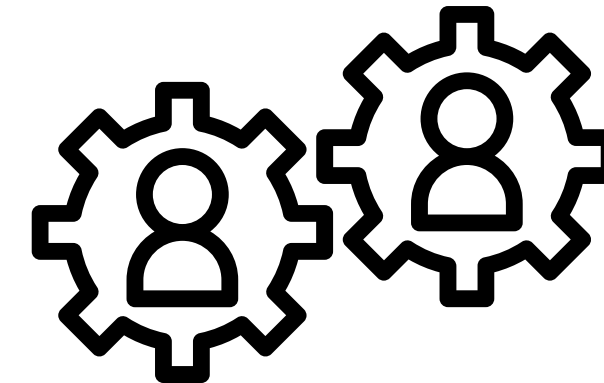
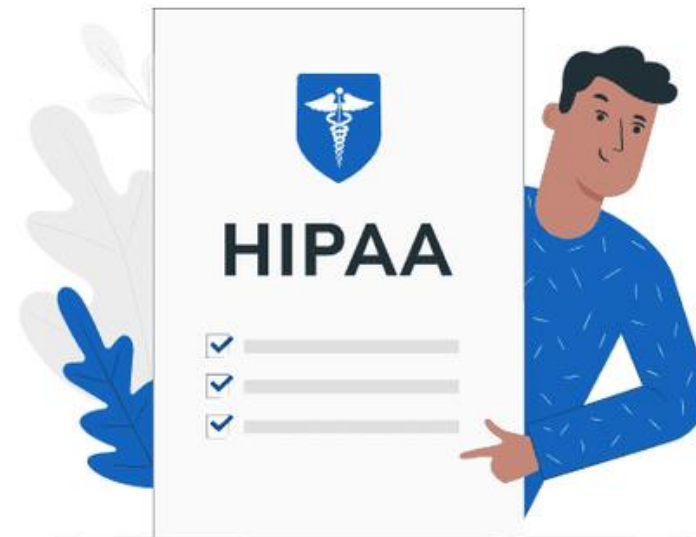
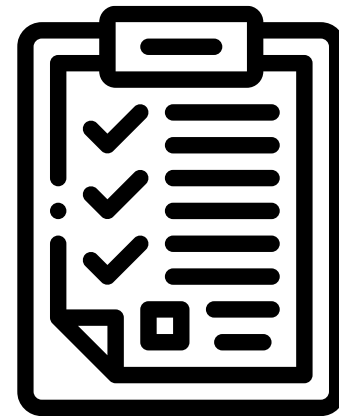


HIPAA TRAINING NOVEMBER



ATTESTATION OF TRAINING FORMS

Sign & Email or Fax to:
Your Regional Manager



pro health
PARTNERS
A Medical Group, Inc.

Argus
MEDICAL MANAGEMENT, LLC
The Physician Practice Management Company®

Annual Compliance Trainings Attestation

I attest that:

I have completed the required training for the following: (Submit form only when all trainings are complete).

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

- Health Insurance Portability and Accountability Act (HIPAA)
- Occupational Safety and Health Administration (OSHA)
- 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 _____



pro health
PARTNERS
A Medical Group, Inc.

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)

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