



Regional Physician Network

UT Health San Antonio RPN Participant Annual Attestation

Name: _____

Relationship to the RPN (name of practice group): _____

1. Standards of Conduct

I have received a copy of the RPN's **Standards of Conduct**. I understand the policy and agree to abide by the terms set forth therein. I understand that failure to abide by the terms may result in my removal as a Participant, pursuant to the requirements and processes provided in the RPN's governing documents. _____
(initial)

2. Confidentiality & Security

I have received a copy of the RPN's **Confidentiality & Security Agreement**. I understand the policy and agree to abide by the terms set forth therein. I understand that failure to abide by the terms may result in my removal as a Participant, pursuant to the requirements and processes provided in the RPN's governing documents. _____
(initial)

3. General Compliance and Fraud, Waste, and Abuse Training

I have completed the RPN's **Compliance Training**. I understand the training and agree to abide by the terms set forth therein. I understand that failure to abide by the terms may result in my removal as a Participant, pursuant to the requirements and processes provided in the RPN's governing documents. _____
(initial)

I have reviewed the forgoing information and indicated my agreement above:

Signature

Date

Send the signed attestation to RPNcompliance@uthscsa.edu or fax it to 210-567-9285