



Mandatory Post Test

Print Name: _____

Department: _____

Date: _____

Signature: _____

Please answer True and False in the space provided.

PRINT CLEARLY

True False

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | It is required to report any policy violation of Fort Hudson Health System. |
| <input type="checkbox"/> | <input type="checkbox"/> | “False Billing” is a serious offense. |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchasing services and products from a family member for Fort Hudson Health System is recommended. |
| <input type="checkbox"/> | <input type="checkbox"/> | “Initial” and “Annual” Corporate Compliance training is mandatory. |
| <input type="checkbox"/> | <input type="checkbox"/> | Fort Hudson Health System’s “Corporate Compliance Manual” is not available online @ www.forthudson.com |
| <input type="checkbox"/> | <input type="checkbox"/> | Disciplinary action will not be taken with any employee who has engaged in fraudulent behavior |
| <input type="checkbox"/> | <input type="checkbox"/> | Fort Hudson Health System will not take any retaliatory action against anyone who reports a violation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Being in compliance is everyone’s responsibility. |
| <input type="checkbox"/> | <input type="checkbox"/> | It is not required to cooperate with the compliance responsibilities and activities of Fort Hudson Health System. |
| <input type="checkbox"/> | <input type="checkbox"/> | Disciplinary action will be taken with any employee who deliberately fails to report or withholds relevant information. |