

ATTESTATION OF COMPLIANCE TRAINING COMPLETION

As a Kootenai Care Network (KCN) participant, _____ (Name of Practice) attests that it has conducted appropriate education and training regarding general compliance, fraud, waste and abuse, ethics and HIPAA as required by the Centers for Medicare and Medicaid (CMS), the Office of Civil Rights and KCN's Participating Provider Agreement.

Please select the method of education and training that your organization chose to comply with the final rule requirement:

Conducted our own compliance and HIPAA education and training per the KCN Compliance Manual

Took training and education provided by Kootenai Care Network; or

Took training and education provided by another resource (e.g. a compliance training vendor) Please identify the name of the third party _____

Signature attest that your practice has completed appropriate education and training related to general compliance, fraud, waste, abuse & ethics and HIPAA and your organization will furnish upon request to KCN training logs to validate that training was completed.

Print Name

Organization Name

Title

Tax ID

Signature

Street Address

Date

City, State, Zip Code

Please return this completed attestation to: Kootenai Care Network