

***DIVINO NINO PEDIATRICS, PLLC  
CORPORATE COMPLIANCE MANUAL***

**Annual Employment Code of Conduct Certification**

1. I hereby acknowledge that I have received The Practice Code of Conduct and have attended an explanatory meeting or training session, either in person or online, relating to the same. I certify that I have read the Code and understand it fully.
2. I understand that The Practice Code of Conduct applies to all medical centers operated by, and within, Divino Nino Pediatrics, Doctor's Urgent Medical Care and Divino Nino Medicine, PLLC and all medical entities operating within those medical centers. I further understand that I am obligated to adhere fully to the Code and the principles and policies that it embodies.
3. If and when I have a question or concern about a possible violation of the Code of Conduct, or other policy of our organization, I will promptly report the question or concern to my Supervisor, the Compliance Officer or a member of the Compliance Committee in accordance with the Code.
4. At this time, if I am currently aware of, or suspect, any conduct or activity at our organization that could be considered questionable, unethical or illegal, I will report it to my Supervisor, the Compliance Officer or a member of the Compliance Committee. From this time forward, if I become aware of or suspect any such conduct or activity, I will promptly report it to my Supervisor, the Compliance Officer or a member of the Compliance Committee.
5. I am aware that my participation in conduct that violates the Code of Conduct, the compliance program, the applicable laws and regulations, and rules of reimbursement under government or private-payer programs - or my submission of a false report or my failure to report suspected or known violations - will subject me to disciplinary action, including possible dismissal or termination of my employment, affiliation and/or contract.

**Additional Certification for Managers and Supervisors**

I hereby certify that I have personally discussed with each employee I supervise the content and application of the Code of Conduct. I have informed each of these employees that compliance with the Code of Conduct is mandatory and a condition of employment. I certify further that I have informed each employee I supervise that The Practice will take appropriate disciplinary action, including termination, for violation of the principles, policies and practices set forth in the Code of Conduct, compliance program, the laws and regulations applicable to participants in government-funded health care programs, or the rules of reimbursement for private payers and government payers.

Employee \_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date