



**2024 Physician and Office Staff: Annual Compliance Training Attestation**

The Centers for Medicare and Medicaid Services (CMS) requires all organizations and its associate providers who may be providing health or administrative services with access to patients, medical records, and/or medical claims information to complete the following trainings annually:

- Fraud, Waste, and Abuse (FWA) + General Compliance
- Health Insurance Portability and Accountability Act (HIPAA)
- Cultural Competency
- Workplace Harassment
- Code of Conduct
- Medicare Part C – Organization Determinations, Appeals, and Grievances

Note: Attestation of training from another organization can be accepted in place of this signed document if they fulfill the requirements listed above

I hereby certify that:

- I am a contracted provider with Hana Hou Medical Group
- All personnel, myself included, who support the operations of Hana Hou Medical Group have met the requirements for CMS General Compliance and FWA Training, as set forth on HHMG's website and listed above, within 90 days of the effective date of my contract. Additionally, I hereby affirm my commitment to ensuring that both myself and all office staff supporting HHMG's business undergo this training on an annual basis thereafter.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date of Completion

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Please also list all staff at your office who received the trainings listed above:**

- |          |          |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

Please return the completed form to HHMG's Compliance Department via email at [Compliance@hanahoumedicalgroup.com](mailto:Compliance@hanahoumedicalgroup.com) or fax to 888-847-8215 by: \_\_\_\_\_

