



**Company Acknowledgement Form**

This is to acknowledge that I have received or been provided access to and reviewed Loretto Hospital's Standards of Conduct and Corporate Compliance Program Plan. I agree to comply with the Standards of Conduct, the Corporate Compliance Program Plan and all related policies as part of my company's opportunity to contract with Loretto Hospital. I acknowledge that the Standards of Conduct are only a statement of principles for individual and business conduct and do not constitute a vendor agreement.

I will report any potential violation of which I become aware promptly to Loretto Hospital's Compliance Office at 773-854-5047. I understand that any violation of the Standards of Conduct or the Corporate Compliance Program Plan or other related policies may be grounds for termination of the contract.

Company Name: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_