



## AHS Compliance Agreement

I, \_\_\_\_\_ (print name) am an Independent Contractor with Atlanta Health Systems. As long as I am working Atlanta Health Systems clinics, I am compliant in the following areas:

1. I have not been convicted of a felony, a crime of moral turpitude, or a crime related to physical or sexual abuse of children.
2. I am drug free.
3. I am current and in good standing with my license, certifications, and accreditations.
4. I have received a negative tuberculosis skin test (every 12 months), immunity to MMR (measles, mumps, rubella), immunity to Varicella (chicken pox), and immunity to Hepatitis B or waiver thereof.
5. I have signed the AHS Confidentiality Agreement and I understand the importance of maintaining privacy when dealing with any Protected Health Information (PHI) in a clinic environment.
6. I have read the Atlanta Health Systems Policies and Procedures Manual and to the best of my ability will comply with all requirements and regulations.

In addition, I will represent Atlanta Health Systems in a professional manner and provide outstanding customer service with a positive attitude and friendly demeanor.

Signature: \_\_\_\_\_

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

