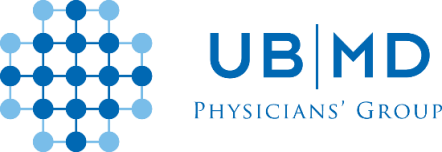
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**COMPLIANCE PLAN AND CODE OF CONDUCT**

**EMPLOYEE ACKNOWLEDGEMENT**

The UBMD Compliance Plan and Code of Conduct is intended to promote the highest standards of ethical care in patient care and business. UBMD is committed to full compliance with all local, state and federal health care program requirements and laws, and will not tolerate violations of applicable laws and regulations.

I acknowledge that I have received a copy of the UBMD Compliance Plan, which includes the UBMD Code of Conduct. I understand that I am responsible for reading, understanding and abiding by all policies and procedures set forth in this Compliance Plan.

I acknowledge that I have a duty to complete all required compliance training, to adhere to all local, state and federal laws and regulations that impact UBMD operations, and to immediately report any suspected violations of the UBMD policies and procedures or governmental laws and regulations to my immediate supervisor, the Compliance Officer or by utilizing the Compliance Hotline or Non-Compliance Report form.

By signing below, I agree to all of the above, and acknowledge that any violation of the UBMD Compliance Plan/Code of Conduct is grounds for disciplinary action, up to and including termination of employment.

*Printed Name Practice Plan*

*Signature* *Date*

***Please sign and date one copy of this notice and return it to your Human Resources***

***representative or to your immediate supervisor.***

***You may wish to retain a second copy for your reference.***