

Fresno County
Mental Health Compliance Program
Contractor Acknowledgment and Agreement

I hereby acknowledge that I have received, read and understand the Contractor Code of Conduct and Ethics. I hereby acknowledge that I have received training and information on the Fresno County Mental Health Compliance Program and the Integrity Agreement and understand the contents thereof. I further acknowledge that I have received a copy of the Compliance Program policy titled "Prevention, Detection, and Correction of Fraud, Waste and Abuse". I further agree to abide by the Contractor Code of Conduct and Ethics, and all Compliance Program and Integrity Agreement requirements as they apply to my responsibilities as a mental health contractor for Fresno County.

I understand and accept my responsibilities under this agreement. I further understand that any violation of the Contractor Code of Conduct and Ethics or the Compliance Program is a violation of County policy and may also be a violation of applicable laws, regulations, rules or guidelines. I further understand that violation of the Contractor Code of Conduct and Ethics or the Compliance Program may result in termination of my agreement with Fresno County and that Fresno County will report me to the appropriate Federal and/or State agency.

Agency Name (If Applicable): _____

Provider or
Employee Name (Printed): _____

Discipline (Indicate below if applicable):

Licensed : ☐ Psychiatrist ☐ Psychologist ☐ LCSW ☐ LMFT

UnLicensed: ☐ Psychologist ☐ ASW ☐ IMF

Other _____

Job Title (If different from Discipline): _____

Signature: _____

Date: ____/____/____