



Main Line Health

I, _____, certify that I have read the “Main Line Health Commitment to Integrity Standards of Conduct.” I agree to raise/report any compliance questions or concerns, HIPAA-related privacy matter, or accounting, internal control, or audit issue through the Main Line Health Comply Line at the toll-free number 844.926.6759. This line is available 24/7 and is confidential and anonymous reporting service.

I understand that I must comply with the Standards of Conduct for the length of my association with the Main Line Health system in accordance with Main Line Health’s Medical Staff Bylaws.

I attest that *I have** _____ *do not have* _____ any conflict of interest to disclose. Please refer to Standard 4.1 of the Standards of Conduct for examples of conflicts of interest.

* Please identify the conflict(s) of interest _____

Signature: _____

Date: _____

My primary hospital facility is

- Lankenau Medical Center
- Bryn Mawr Hospital
- Paoli Hospital
- Riddle Hospital