



Connect. Inspire. Succeed.

**DHHSC**

**DEAF & HARD OF HEARING SERVICE CENTER**

**Volunteer Attestations Regarding Agency Compliance**

Please sign the bottom of this document. Your signature below will serve as an attestation to each item listed below. If you do not agree with one or more of the attestation statements, please indicate your reasoning in the space at the end of the document.

**HIPAA PRIVACY AND SECURITY TRAINING FOR DHHSC EMPLOYEES**

I certify that I have read the HIPAA Privacy and Security Training and understand my responsibilities related to HIPAA as a DHHSC volunteer.

**FRAUD, WASTE, AND ABUSE TRAINING FOR DHHSC EMPLOYEES**

I certify that I have read the Fraud, Waste, and Abuse Training and understand my responsibilities related to FWA as a DHHSC volunteer.

**CMS GENERAL COMPLIANCE TRAINING FOR DHHSC EMPLOYEES**

I certify that I have read the Centene Business Ethics and Code of Conduct Policy and understand my responsibilities related to Centene Business Ethics and Code of Conduct as a DHHSC volunteer.

**SPECIAL NEEDS AND CULTURAL COMPETENCY TRAINING FOR DHHSC EMPLOYEES**

I certify that I have read the Special Needs and Cultural Competency Training and understand my responsibilities related to Special Needs and Cultural Competency as a DHHSC volunteer.

**REGISTRY OF INTERPRETERS FOR THE DEAF'S CODE OF PROFESSIONAL CONDUCT**

I certify that I have read the Registry of Interpreters for the Deaf's Code of Professional Conduct and understand my responsibilities related to RID's Code of Professional Conduct as a DHHSC volunteer.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Circle one: Volunteer, Board of Director, Advisory Council Member

Concern(s), if any:

**Fresno Headquarters:**

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