



## 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 VOLUNTEERS**

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 VOLUNTEERS**

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 VOLUNTEERS**

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.

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

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.

### **TRANSGENDER, GENDER DIVERSE, AND INTERSEX (TGI) CULTURAL COMPETENCY TRAINING FOR DHHSC VOLUNTEERS**

I certify that I have read the Transgender, Gender Diverse, and Intersex Cultural Competency Training and understand my responsibilities related to TGI as a DHHSC volunteer.

### **DIVERSITY, EQUITY, AND INCLUSION (DEI) TRAINING FOR DHHSC VOLUNTEERS**

I certify that I have read the Diversity, Equity, and Inclusion Training and understand my responsibilities related to DEI as a DHHSC volunteer.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Concern(s), if any: