

Corporate Compliance Reporting Form

Graham Health System is committed to ethical conduct and compliance with all applicable laws, regulations, and policies. This form may be used to report suspected or known compliance concerns. Reports may be submitted confidentially or anonymously.

Graham Health System's Non-Retaliation Policy prohibits retaliation against anyone who reports an incident in good faith. Each report is taken seriously and thoroughly investigated to ensure proper action is taken.

Section 1: Reporter Information (Optional, please include if you would like to be contacted)

Name: _____ Contact Information (phone/email): _____

Reporter's Relationship to Graham Health System:

- Employee Medical Staff / Licensed Practitioner Contract Staff
- Vendor Volunteer / Student Patient / Visitor
- Other: _____ Check here if you wish to remain anonymous

Section 2: Description of the Issue

- Billing or Coding Medicare/Medicaid Fraud, Waste, or Abuse
- Bribes or kickbacks Violation of professional or Business ethics
- Conflict of Interest Violation of patient rights
- Privacy or Confidentiality (HIPAA)
- Lost or stolen electronic devices containing PHI (Protected Health Information)
- Other (Please describe) _____

Date(s) of Incident (if known): _____

Location of Incident (if known): _____

- Graham Hospital Graham Medical Group
- Other: _____

Department or Area Involved (if known): _____

Individuals Involved (if known): _____

Detailed description of what happened:

Section 3: Supporting Information

Have you reported this previously? Yes No

If yes, to whom? _____ On what date(s): _____

Do you have documents and/or a witness related to this event? Yes No

Section 4: Acknowledgement

I certify that the information provided is accurate to the best of my knowledge and that this report is made in good faith.

Date: _____

All reports are reviewed by the Corporate Compliance Officer. Graham Health System prohibits retaliation against anyone who reports an incident in good faith.

