



**OUTSIDE PARTIES | VENDOR HIPAA, RESIDENT ABUSE AND ELDER JUSTICE
ACT COMPLIANCE ATTESTATION**

I, _____ (print name) have reviewed the materials related to HIPAA, Elder Justice Act and Resident Abuse expectations of Three Pillars Senior Living Communities ("Three Pillars"), as necessitated by my relationship with Three Pillars. As a part of my education, I received a copy of the Three Pillars Standards. I understand the Three Pillars Standards regarding HIPAA, Elder Justice Act and Resident Abuse and agree to comply with the obligations described therein, including, but not limited to, the requirement to report any suspected noncompliance. I acknowledge and agree that my failure to comply with Three Pillars may subject me to sanctions by Three Pillars. I hereby certify that I am not aware of any compliance violations or any other issues or concerns related to compliance. I further certify I am signing on behalf of my company.

Print Name

Signature

Title

Date

Phone Number

Company Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

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